

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039257
State File No.

FILED DEC 8 1958

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3014 Registrar's No. 89

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Virginia</u> b. COUNTY <u>Henrico</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Excelsior Springs</u> | | c. CITY OR TOWN <u>Richmond</u> <u>2459</u> | |
| c. LENGTH OF STAY (in this place) <u>10/16/58</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Spa View Inc.</u> | | STREET ADDRESS (If rural, give location) <u>3139 Grove Ave.</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>MARTHA</u> | b. (Middle) <u>LOUISE</u> | c. (Last) <u>WINGO</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 30, 1958</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>Nov. 25, 1888</u> | 9. AGE (In years last birthday) (If under 1 year: Months) (If under 24 hrs.: Hours) (Min.) <u>69</u> <u>11</u> <u>5</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>XXXX</u> | 11. BIRTHPLACE (City and State, or Foreign Country) <u>Drakes Branch, Va.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |

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| 13a. FATHER'S NAME <u>James L Wingo</u> | 13b. MOTHER'S MAIDEN NAME <u>ANNE WOOD</u> | 14. NAME OF HUSBAND OR WIFE <u>unknown</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u> | 16. SOCIAL SECURITY NO. <u>410-20-860</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Spa View Inc. Excelsior Springs</u> | ADDRESS <u>Excelsior Springs</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crownay Occlusion</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 10-16, 1958, to 10-30, 1958, that I last saw the deceased alive on 10-30, 1958, and that death occurred at 10:30 Am., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>2</u> | 23b. ADDRESS <u>2105 Broadway Excelsior</u> | 23c. DATE SIGNED <u>10-31-58</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Oct. 31st 1958</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u> | 24d. LOCATION (City, town, or county) (State) <u>Richmond, Virginia</u> |
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| DATE REC'D BY LOCAL REG. <u>Dec 26, 1958</u> | REGISTRAR'S SIGNATURE <u>Caroleene Hutchings</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u> | ADDRESS <u>Ex. Spgs. MO.</u> |
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Chas. Virgil Hope*

Licensed Embalmer No. *3950*

P. O. Address *Epelston*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.