

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039626

STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1103

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield 1396		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hospital		Length of stay in lb	d. STREET ADDRESS 716 Mt. Vernon (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Roger Middle O. Last Wasson			4. DATE OF DEATH Nov. 15, 1958 Month Day Year		
5. SEX Male e	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 18 April 1918	9. AGE (In years at birthday) 40	IF UNDER 1 YEAR Months Days Hours IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesale Grocerman		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and state or country) Missouri c		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Freeman Wasson		13b. MOTHER'S MAIDEN NAME Etta Cooks		14. NAME OF HUSBAND OR WIFE Gertrude Wasson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no; if yes, give dates of service) No		16. SOCIAL SECURITY NO. 491-03-4349	17. INFORMANT Address Hospital Records		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Increased intra-cranial pressure and coma					INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral metastases, severe					4 weeks
DUE TO (c) Primary malignant teratoma with metastatic disease abdomen					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Terminal cachexia and wasting disease.					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 1937 to 11-15-58 and last saw ^{her} alive on November 14, 1958 Death occurred at 2:15 ^A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Dee or title) <i>Edward G. Hall</i>			22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 11/19/58
23a. BURIAL, CREMATION, or other disposal	23b. DATE 11-17-58	23c. NAME OF CEMETERY OR CREMATORY Greenlawn	23d. LOCATION (City, town, or county) Springfield, Mo. (State)		
24. FUNERAL DIRECTOR <i>J. Klingner & Co.</i>		ADDRESS Spngfd. Mo.	25. DATE RECD. BY LOCAL REG. 11-20-58	26. REGISTRAR'S SIGNATURE <i>Effie G. Melton</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.
All diseases in Part II must be causally related. No symptoms will be listed.

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 *Ogle Stone Jr*
Licensed Embalmer No. *4176*

P. O. Address *Springfield*

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 this OWN handwriting.

If this body is not embalmed, fact should be so stated above.