

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013025

STATE FILE NUMBER

X Dr. Tsang

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 393

FILED APR 20 1959

S. 300
I.-57

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. MISSOURI b. COUNTY Shannon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN BIRCH TREE	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in lb 4 DAYS	
10/0		d. STREET ADDRESS ROUTE # 3	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last HENRY LEE WILDE			4. DATE OF DEATH Month Day Year APRIL 14 1959
5. SEX MALE <input type="checkbox"/>	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 JUNE 1 1912
9. AGE (In years birthday) 46	F UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) WEST POINT, NEB.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME A. WILDE		13b. MOTHER'S MAIDEN NAME MATILDA (UNKNOWN)	
14. NAME OF HUSBAND OR WIFE MABEL WILDE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT Address MRS. MABEL WILDE, BIRCH TREE, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diffuse Brain Damage			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Skull Fractures			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)			19. WAS AUTOPSY PERFORMED? / YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Fell from a truck	
20c. TIME OF INJURY Hour 2:00 p.m. Month, Day, Year 4-10-59			
20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hi-way 60	
20f. CITY, TOWN, OR LOCATION Birchtree		COUNTY Shannon STATE Mo.	
21. I attended the deceased from 4-10-59 , to 4-14-59 and last saw him <input checked="" type="checkbox"/> alive on 4-14-59 Death occurred at 11:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John A. Tsang M.D.		22b. ADDRESS 1636 South Glenstone, Springfield, Missouri	
22c. DATE SIGNED 4-15-59			
23a. BURIAL, CREMATION, REMOVAL <input checked="" type="checkbox"/>		23b. DATE 4/15/59	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) BIRCH TREE, MO.	
24. FUNERAL DIRECTOR H.H. LOHMEYER		ADDRESS SPRINGFIELD, MO.	
25. DATE RECD. BY LOCAL REG. 4-15-59		26. REGISTRAR'S SIGNATURE Effie G. Melton	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

VS AUG 26 1900

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 *John C. Hunter*

Licensed Embalmer No. *4739*
P. O. Address *St. Louis, Mo.*

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.