

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005283

FILED VS MAR 7 1960

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <i>Buchanan</i>	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Joseph,</i>	a. STATE <i>Mo</i>	b. COUNTY <i>Buchanan</i>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>1013 So 20th</i>		Length of stay in 1b <i>25yrs</i>	c. CITY OR TOWN <i>St. Joseph,</i>
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <i>1013 So 20th</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <i>Lerlene</i>	Middle <i>Wilson</i>	Last <i>Wilson</i>	4. DATE OF DEATH	Month <i>Feb</i>	Day <i>24,</i>	Year <i>1960</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>June 29, 1893</i>	9. AGE (last birthday) <i>66</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House keeper</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (City and state or country) <i>Jonesboro, Tenn</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Jphn Bales</i>	13b. MOTHER'S MAIDEN NAME <i>Cenia Whetsel</i>	14. NAME OF HUSBAND OR WIFE <i>deceased</i>
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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) <i>no</i>	16. SOCIAL SECURITY NO. <i>Unk</i>	17. INFORMANT <i>Mrs. V.I. Hines, St. Joseph, Mo</i>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <i>8 mo</i>
IMMEDIATE CAUSE (a) <i>Cerebral Thrombosis</i>	DUE TO (b)	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input 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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from *May 1954* to *Feb 19 1960* and last saw her *live* on *2-19-1960*
Death occurred at *exact time unknown* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J.L. Mothershead</i>	22b. ADDRESS <i>2603 Fredrick</i>	22c. DATE SIGNED <i>3-1-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>2/26/60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Odd Fellows Cemeteey</i>	23d. LOCATION (City, town, or county) (State) <i>Craig, Mo</i>
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24. FUNERAL DIRECTOR <i>J. E. Stupp</i>	ADDRESS <i>St. Joseph, Mo</i>	25. DATE RECD. BY LOCAL REG. <i>Mar. 4, 1960</i>	26. REGISTRAR'S SIGNATURE <i>Wm Clark Standell</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF J.L. Mothershead, M.D. (Certification)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John E. Stupp

Licensed Embalmer No. 3980

P. O. Address St. Joseph

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.