JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-029409

STATE FILE NUMBER

FILED VS AUG 9 1960

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 154

NDED

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Missouri — Length of stay in 1b 50 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home, 520 So. Cedar St. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Vernon
c. CITY OR TOWN Nevada, Missouri — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 520 South Cedar St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Pauline Middle McNeil Last Wilds

4. DATE OF DEATH Month July Day 31, Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 5-25-1880
9. AGE (last birthday) 80 — IF UNDER 1 YEAR Months 2 Days 6 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY ----------
11. BIRTHPLACE (City and state or country) Nevada, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William McNeil
13b. MOTHER'S MAIDEN NAME Virginia Dare Brand
14. NAME OF HUSBAND OR WIFE Franklin Wilds, Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Address Mrs. J.H. Bean, Sister, Nevada, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Left ventricular failure — INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic and hypertensive heart disease — 2 yrs +
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Aug 22, 1958, to July 31 '60 and last saw her alive on July 19, 1960
Death occurred at approx. 4 a m m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Roy W Pearse MW
22b. ADDRESS Nevada Mo
22c. DATE SIGNED 8/1/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-1-1960
23c. NAME OF CEMETERY OR CREMATORY Deepwood Cemetery
23d. LOCATION (City, town, or county) (State) Nevada, Vernon, Missouri

24. FUNERAL DIRECTOR ADDRESS Hays Funeral Service, Inc. Nevada, Missouri
25. DATE RECD. BY LOCAL REG. 8-5-1960
26. REGISTRAR'S SIGNATURE Anna E Ferry

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AUG 1960

AUG 11

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_____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 505

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.