

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009451

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 115

AMENDED

1. <b>FILED VS. MAR 15 1961</b>		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Jasper</u>		a. STATE <u>Mo.</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u>		Length of stay in lb Approx. <u>1 hr.</u>	c. CITY OR TOWN <u>Joplin</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>315 N. Gray</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. <b>NAME OF DECEASED</b> (Type or print) First Middle Last <u>Harold Lloyd Wilson</u>			4. <b>DATE OF DEATH</b> Month Day Year <u>February 27, 1961</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. <b>DATE OF BIRTH</b> <u>12/30/1930</u>
9. <b>AGE</b> (last birthday) <u>30</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. <b>USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. <b>KIND OF BUSINESS OR INDUSTRY</b> <u>Central States Steel</u>	11. <b>BIRTHPLACE</b> (City and state or country) <u>Mullan, Idaho</u>
12. <b>CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>		13a. <b>FATHER'S NAME</b> <u>Herman Wilson</u>	
13b. <b>MOTHER'S MAIDEN NAME</b> <u>Etta Lovelace</u>		14. <b>NAME OF HUSBAND OR WIFE</b> <u>Helen Patricia Wilson</u>	
15. <b>WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. <b>SOCIAL SECURITY NO.</b>	17. <b>INFORMANT</b> Address <u>Mrs. Helen Wilson, 315 N. Gray, Joplin Mo.</u>
18. <b>CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Internal injuries</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
DUE TO (b) <u>Tractor fell on Mr. Wilson crushing</u>			
DUE TO (c) <u>him.</u>			
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 type="checkbox"/> No <input type="checkbox"/> Unknown
19. <b>WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. <b>ACCIDENT</b> <input checked="" type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	20b. <b>DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <u>A fork-lift loader backed up ramp into a boxcar</u>	
20c. <b>TIME OF INJURY</b> Hour <u>1.50</u> p.m. Month, Day, Year <u>2-27-61</u>	and went out of control and fell out the door on the other side of the boxcar.		
20d. <b>INJURY OCCURRED WHILE AT WORK?</b> <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. <b>PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>warehouse, Central States Steel, Joplin, Jasper Co., Mo.</u>	20f. <b>CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b> <u>Jasper Co., Mo.</u> <b>STATE</b>
21. I attended the deceased from <u>did not attend</u> to <u>her</u> and last saw <u>him</u> alive on <u>3:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. <b>SIGNATURE</b> (Degree or title) <u>Hendell Fisher D.D.S. Coroner</u>		22b. <b>ADDRESS</b> <u>Frisco Bldg., Joplin, Mo.</u>	22c. <b>DATE SIGNED</b> <u>2/27/61</u>
23a. <b>BURIAL, CREMATION, REMOVAL (Specify)</b> <u>burial</u>	23b. <b>DATE</b> <u>Mar. 2, 1961</u>	23c. <b>NAME OF CEMETERY OR CREMATORY</b> <u>Carl Junction Cemetery</u>	23d. <b>LOCATION</b> (City, town, or county) (State) <u>Carl Junction, Missouri</u>
24. <b>FUNERAL DIRECTOR</b> ADDRESS <u>Hedoe-Lewis Funeral Home, Webb City, Mo.</u>	25. <b>DATE RECD. BY LOCAL REG.</b> <u>3-9-1961</u>	26. <b>REGISTRAR'S SIGNATURE</b> <u>Dove Merriam</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 15 1961

**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 Richard H. Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City

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.