

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030200

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 5836 Registrar's No. 98

AMENDED

FILED SEP 11 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Newton	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho	a. STATE Mo.	b. COUNTY Newton
Length of stay-in 1b 8 hrs.		c. CITY OR TOWN Neosho	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale Memorial Hospital		d. STREET ADDRESS Route #3	(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First FRANK	Middle JOSEPH	Last WILSON	4. DATE OF DEATH	Month September	Day 5,	Year 1961
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/2/1883	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Newton County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Nowlin Wilson	13b. MOTHER'S MAIDEN NAME Thressa Sheppard	14. NAME OF HUSBAND OR WIFE Deceased
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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) No	17. INFORMANT Address Roy Wilson Rt. #3 Neosho, Mo.
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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: IMMEDIATE CAUSE (a) Rifle bullet fired into brain	INTERVAL BETWEEN ONSET AND DEATH 8 1/2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) 22 rifle accidentally discharged, bullet in forehead
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20c. TIME OF INJURY 7:00	Hour 7:00	Month, Day, Year Sept. 5, 1961
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) about (near) home	20f. CITY, TOWN, OR LOCATION RFD 3, Neosho,	COUNTY Newton,	STATE Missouri
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21. I attended the deceased from **did not attend**, to _____ and last saw her/him alive on _____
Death occurred at **4:00 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Samuel L. Haddock</i> Coroner	22b. ADDRESS 118 W. Main, Neosho, Mo.	22c. DATE SIGNED 9-7-61
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23a. BURIAL, CREMATION, REPOSALE (Specify) Burial	23b. DATE 9/9/61	23c. NAME OF CEMETERY OR CREMATORY Ragan Cemetery	23d. LOCATION (City, town, or county) Newton County, Mo.
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24. FUNERAL DIRECTOR ADDRESS CLARK FUNERAL HOME Neosho, Mo.	25. DATE RECD. BY LOCAL REG. 9-8-61	26. REGISTRAR'S SIGNATURE <i>Melvin P. Bowman</i> Melvin P. Bowman
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

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 H. Wayne Severs; Student Embalmer No. 630

working under my personal supervision.

Student

H. Wayne Severs
Signature of Student Embalmer

Signed

Fred L. Clark

Licensed Embalmer No. 5056

P. O. Address P.O. Box 66
Neosho, 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.