

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037454

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 491

FILED OCT 23 1961

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u>	Length of stay in 1b <u>1 1/2</u> hours	c. CITY OR TOWN <u>Galena</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>St. John's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>206 North Main St.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>MONROE</u> Last <u>WILSON</u>	4. DATE OF DEATH Month <u>October</u> Day <u>16</u> , Year <u>1961</u>
--	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/15/20</u>	9. AGE (last birthday) <u>41 yrs.</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
-----------------------	----------------------------------	---	------------------------------------	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Heavy Equipment</u>	11. BIRTHPLACE (City and state or country) <u>Galena, Kansas</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
--	---	---	--

13a. FATHER'S NAME <u>William J. Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Himes</u>	14. NAME OF HUSBAND OR WIFE <u>Ruby Wilson</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>	17. INFORMANT <u>Ruby Wilson</u> Address <u>206 North Main St. Galena, Kansas</u>
---	---

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 <u>3 days</u>
IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>		Unknown
DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		
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
---	--

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.)
---	---	--

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

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 <u>Joplin, Mo.</u>	COUNTY _____ STATE _____
--	--	--	--------------------------

21. I attended the deceased from 10-16-61 to _____ and last saw ^{her}him alive on 10-16-61
Death occurred at 9:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>H. K. Wieman MD.</u> (Degree or title)	22b. ADDRESS <u>301 Medical Arts Bldg. Joplin, Mo.</u>	22c. DATE SIGNED <u>10-17-61</u>
--	---	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>10/18/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Galena Kansas</u>
---	--------------------------------	--	---

24. FUNERAL DIRECTOR <u>Lloyd Kitch</u> ADDRESS <u>Galena, Kansas</u>	25. DATE RECD. BY LOCAL REG. <u>10-18-1961</u>	26. REGISTRAR'S SIGNATURE <u>Doce Merriam</u>
---	---	--

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

OCT 25 1961

OCT 31 1961

OCT 24 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 _____, *and not embalmed* Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Harvey E. Bruce* _____

Licensed Embalmer No. *4465* _____

P. O. Address *Opplen MD* _____

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.