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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40051**

FILED DEC 5 1949

BIRTH NO. _____ REG. DIST. NO. **379** PRIMARY REG. DIST. NO. **4553** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, write RURAL and give township) MANSFIELD		c. CITY (If outside corporate limits, write RURAL and give township) MANSFIELD	
c. LENGTH OF STAY (to this place) 56 yrs		d. STREET ADDRESS (If rural, give location) 1 1/2 MILE EAST OF TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1			

3. NAME OF DECEASED (Type or Print) a. (First) ALMANZO b. (Middle) JAMPS c. (Last) WILDER			4. DATE OF DEATH (Month) (Day) (Year) OCT. 23 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH Feb 13-1857		9. AGE (In years last birthday) 92		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) FARMER-RETIRED	
10b. KIND OF BUSINESS OR INDUSTRY FARM-O		11. BIRTHPLACE (State or foreign country) Malone - New York		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JAMES WILDER		13b. MOTHER'S MAIDEN NAME ANGELINE DAY		14. NAME OF HUSBAND OR WIFE LAURA WILDER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Laura Wilder Mansfield Mo	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Insufficiency (Aortic)		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased on **Oct 23, 1949**, and that death occurred at **7:30A** m., from the causes and on the date stated above.

23a. SIGNATURE Thomas J. Houldin, Coroner		(Degree or title)		23b. ADDRESS Norwood, Mo.		23c. DATE SIGNED 10/24/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURY		24b. DATE OCT. 28-49		24c. NAME OF CEMETERY OR CREMATORY MANSFIELD CEMETERY		24d. LOCATION (City, town, or county) (State) MANSFIELD, MO.	
DATE REC'D BY LOCAL REG. 10-28-49		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Geo. Steffe Mansfield Mo		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 21 1949

District Health Office No. 6,

District File Number 1149-1260

Date Filed 11-28-49

MAR 4 1951

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed: F. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Manfield

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 this body is not embalmed, fact should be so stated above.