

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2043

State File No.

0810

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

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5940 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Phelps</u>	
b. CITY OR TOWN <u>Rural Liberty Twp.</u>		c. CITY OR TOWN <u>Rural Liberty</u> <u>0810</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Flat</u>		d. STREET ADDRESS (If rural, give location) <u>Flat</u>	
3. NAME OF DECEASED (Type or Print) <u>LOYD</u> a. (First) b. (Middle) c. (Last) <u>WILSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 22 - 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>June 5 1944</u>	
9. AGE (In years) Last birthday <u>5</u> Months <u>7</u> Days <u>17</u>		9. AGE (In years) IF UNDER 1 YEAR Hours Min. <u>7</u> <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	
11. BIRTHPLACE (State or foreign country) <u>Flat. MO. U</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Maxine Wilson</u>	
14. NAME OF HUSBAND OR WIFE <u>✓</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John Wilson</u>		ADDRESS <u>Flat mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</u>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Destruction of Brain & Upper portion of head.</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Discharge of 12 Gauge Shotgun.</u>			
DUE TO (c) <u>Hunting accident.</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
INTERVAL BETWEEN ONSET AND DEATH <u>Instant.</u>			
<u>89190</u>			
<u>19</u>			
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>near Flat Phelps Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan. 22 1950 11A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW AND INJURY OCCURRED? <u>Accidental discharge of gun in the hands of an older youth.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Jan. 22 1950</u> , and that death occurred at <u>11:00A</u> m., from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) <u>S. S. Stoll</u> Coroner of Phelps County <u>3</u>		23b. ADDRESS <u>Rolla Missouri</u>	
23c. DATE SIGNED <u>1-24-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>✓</u>		24b. DATE <u>Jan 24, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pilot Knob</u>		24d. LOCATION (City, town, or county) (State) <u>Phelps Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-1-50</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	
520		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Johnson</u>	
		ADDRESS <u>Newburg mo</u>	

RECEIVED

Phelps County Health Officer;

County File Number _____

Date Filed 2-10-50

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
Student Embalmer

Signed Lee Johnson
Licensed Embalmer No. 3392

P. O. Address Newburg 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 this body is not embalmed, fact should be so stated above.