

FILED APR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8154**

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5353 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>DALLAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELKLAND RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elkland Rural</u> <u>0300</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>L</u> c. (Last) <u>WINGO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 12 1950</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>NOV-24-1860</u>	9. AGE (In years last birthday) <u>89</u>	10. IF UNDER 1 YEAR Months <u>4</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY <u>US</u>	

13a. FATHER'S NAME <u>JOHN HASTON</u>	13b. MOTHER'S MAIDEN NAME <u>MARY</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Jesse Moore Spruill</u>	ADDRESS <u>Springfield</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burns over entire body</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u> <u>8 1/2 hrs</u> <u>16</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Blind</u> DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Extreme Age</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson Twp Dallas MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 12 50 P</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Presumably, poured Kerosene in stove with hot coals</u>
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22. I hereby certify that I attended the deceased from 3-12-1950, to _____, 19____, that I last saw the deceased alive on 3-12-1950, and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. B. Jones</u>	(Degree or title)	23b. ADDRESS <u>Buffalo Mo.</u>	23c. DATE SIGNED <u>3-17-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-14-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MALEDONIA</u>	24d. LOCATION (City, town, or county) (State) <u>BUFFALO MO</u>
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DATE REC'D BY LOCAL REG. <u>4/8/50</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. B. Jones</u>	50	25. FUNERAL DIRECTOR'S SIGNATURE <u>L B Jones</u>	ADDRESS <u>Buffalo Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 20 1950

RECEIVED

District Health Officer No. 7

District File Number 3-50-34

Date Filed 4-19-57

SEP 7 1957

AUG 19 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Walter B. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.