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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42636

FILED JAN 11 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6036 Registrar's No. 256

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan "Rural", Sherley.</u>	c. LENGTH OF STAY (in this place) <u>3 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan "Rural", Sherley.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 Mi. W. of Doniphan, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>6 Mi. W. of Doniphan, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ronnie</u> b. (Middle) <u>Dwight</u> c. (Last) <u>Wilder.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 24 1951</u>		
5. SEX <u>Male.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married.</u>	8. DATE OF BIRTH <u>Sept. 6, 1951.</u>	9. AGE (In years last birthday) <u>3</u> MONTHS <u>18</u> DAYS <u>18</u>	10. ORDER IN BIRTH Hours <u>---</u> Mins. <u>---</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None.</u>		11. BIRTHPLACE (State or foreign country) <u>Knobel, Arkansas.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Mother Wilder</u>		MOTHER'S MAIDEN NAME <u>Carrie Bell Ethridge</u>		14. NAME OF HUSBAND OR WIFE <u>None.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME R.# 7. ADDRESS <u>Carroll Wilder, Doniphan</u>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchitis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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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 12-17-1951, to 12-24-1951, that I last saw the deceased alive on 12-23-1951, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Edgar Adamson, D.M.D.</u>		23b. ADDRESS <u>Doniphan, Mo.</u>		23c. DATE SIGNED <u>12-25-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		24b. DATE <u>Dec. 25, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery.</u>	
24d. LOCATION (City, town, or county) (State) <u>Ripley County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ray Mearns, Doniphan, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12-25-51</u>		REGISTRAR'S SIGNATURE <u>E. G. Johnston</u>		27. _____	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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