

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH

a. COUNTY CALLAWAY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL FULTON

c. LENGTH OF STAY (in this place) 2 days

d. FULL NAME OF HOSPITAL OR INSTITUTION CALLAWAY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE MISSOURI b. COUNTY CALLAWAY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL FULTON

d. STREET ADDRESS (If rural, give location) B.F.D. #3

3. NAME OF DECEASED

a. (First) HOLLIS b. (Middle) (HOLLIE) c. (Last) CRUISE WINGEAR

4. DATE OF DEATH (Month) (Day) (Year) June 12, 1952

5. SEX MALE 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH JULY 15, 1895 9. AGE (In years last birthday) 56 IF UNDER 1 YEAR Months 10 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCKER 10b. KIND OF BUSINESS OR INDUSTRY TRUCK DRIVER

11. BIRTHPLACE (State or foreign country) CARRINGTON, MO. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM WINGEAR 13b. MOTHER'S MAIDEN NAME LUCY HOWARD 14. NAME OF HUSBAND OR WIFE MAY WINGEAR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No 16. SOCIAL SECURITY NO. 497-16-3709 17. INFORMANT'S SIGNATURE OR NAME Mrs Hollis Wingeear ADDRESS Fulton Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Concussion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____

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 2 days

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Highway U.S. 50

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 6-10, 1952, to 6-12, 1952, that I last saw the deceased alive on 6-12, 1952, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. J. Brown MD (Degree or title) 23b. ADDRESS Fulton 23c. DATE SIGNED 6-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE JUNE 15, 1952 24c. NAME OF CEMETERY OR CREMATORY CALLAWAY MEMORIAL GARDENS 24d. LOCATION (City, town, or county) (State) FULTON, MO.

DATE REC'D BY LOCAL REG. June 14 1952 REGISTRAR'S SIGNATURE Maretha Lawrence 25. FUNERAL DIRECTOR'S SIGNATURE Maupin Funeral Home ADDRESS Fulton, Mo.

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

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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 J. J. Raddon

Licensed Embalmer No. 2858

P. O. Address Hullon, Va.

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.