

REC'D AUG 6 1952

# STANDARD CERTIFICATE OF DEATH

248665  
State File No. 122

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 122

492

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

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Webb City</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webb City</b>	
c. LENGTH OF STAY (in this place) <b>47yrs</b>		d. STREET ADDRESS (If rural, give location) <b>609 North Main St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>609 North Main St.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOHN</b>	b. (Middle) <b>FRANCIS</b>	c. (Last) <b>WILSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 31, 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>January 10, 1857</b>	9. AGE (In years last birthday) <b>95</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>21</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Groceryman Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Grocery</b>		11. BIRTHPLACE (State or foreign country) <b>Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>John Thomas Wilson</b>	13b. MOTHER'S MAIDEN NAME <b>Sally Lewis</b>	14. NAME OF HUSBAND OR WIFE <b>Sarah V. Wilson (deceased)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Henry Buchanan</b> ADDRESS <b>Webb City, Mo.</b>

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		INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive heart failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic myocarditis</b> DUE TO (c) <b>Cardiovascular renal disease</b>		
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 <b>442X</b>	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 **8-26**, 19**48**, to **7-31**, 19**52**, that I last saw the deceased alive on **7/31**, 19**52**, and that death occurred at **7** pm., from the causes and on the date stated above.

23a. SIGNATURE <b>Am Ferguson</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Webb City</b>	23c. DATE SIGNED <b>8-1-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 2, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Hope Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Webb City, Missouri</b>
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DATE REC'D BY LOCAL REG <b>Aug. 2-'52</b>	REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hedge Lewis</b> ADDRESS <b>Webb City, Missouri</b>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-4-52  
Jasper County Health Office

County File Number 527/60

Date Filed 8-4-52

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 Leonard J. Lewis, D.

Licensed Embalmer No. 4561

P. O. Address Webb City, 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.