

STANDARD CERTIFICATE OF DEATH

28508
State File No. 3028
Registrar's No. 10000/67

FILED SEP 4 - 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		d. STREET ADDRESS (If rural, give location) <u>1317 Forest</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune Brooks Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>1317 Forest</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Charles</u>		b. (Middle) <u>Earle</u>	
		c. (Last) <u>Wing</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 15, 1875</u>	9. AGE (In years last birthday) <u>77</u>	10. CITIZENSHIP (If under 18 years Months Days Hours Min.) <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hardware</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ret'd</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Grand Rapids, Mich.</u>	
13a. FATHER'S NAME <u>Franklin K. Wing</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Spear</u>		14. NAME OF HUSBAND OR WIFE <u>Marie L. Busch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>468-07-5999</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marie L. Wing, Carthage, Mo.</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>Coronary infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>				Several years
	DUE TO (c) <u>Hypertension</u>				years
	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 <u>4201</u>		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) (Min.)		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 <u>Feb. 7, 1949</u> , to <u>Aug. 27, 1952</u> , that I last saw the deceased alive on <u>Aug. 27, 1952</u> , and that death occurred at <u>12:40 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W Russell Smith</u> M. D.			23b. ADDRESS <u>Carthage, Missouri</u>		23c. DATE SIGNED <u>8/29/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 30th</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo.</u>
DATE REC'D BY LOCAL REG. <u>8-29-52</u>		REGISTRAR'S SIGNATURE <u>L B Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home, Carthage, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-3-52
Jasper County Health Office

County File Number 52/9/684
Date Filed 9-3-52

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 William B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Carters, 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.