

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **34060**

LEO SEP 23 1952

| | | | | | | | |
|---|---------------------------|---|--|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>372</u> | | PRIMARY REG. DIST. NO. <u>4543</u> | | Registrar's No. <u>28</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Levan-moore</u> | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEYMOUR</u> | | 1120 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>V.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>0</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LEE</u> | | | b. (Middle) <u>ANDERW</u> | | c. (Last) <u>WINGO</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>0-6-52</u> |
| 5. SEX <u>M.</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>2-1-1875</u> | | 9. AGE (In years last birthday) <u>77</u> * UNDER 12 RES. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>WEBSTER CO MO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>JOHN WINGO</u> | | | 13b. MOTHER'S MAIDEN NAME <u>UNKOWN</u> | | 14. NAME OF HUSBAND OR WIFE <u>MARY JANE</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>NO</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CLARENCE WIGO MANSFIELD 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 INTERVAL BETWEEN ONSET AND DEATH | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture</u> | | | | DUE TO (b) <u>Struck by train</u> | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (c) <u>train, while walking on rail road crossing.</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | <u>rail road crossing.</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>112</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 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>Street</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-6-52 10⁰⁰</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>K. K. Kelley coroner</u> | | | | 23b. ADDRESS <u>Hardland mo.</u> | | 23c. DATE SIGNED <u>9-8-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>9-9-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>harmony</u> | | 24d. LOCATION (City, town, or county) (State) <u>WEBSTER CO MO</u> | |
| DATE REC'D BY LOCAL REG. <u>9-19-52</u> | | REGISTRAR'S SIGNATURE <u>Gilbert Jones</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>Robert Bergman Seymour</u> | | ADDRESS | |

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

No. 300
50.48

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(Licensed Embalmer's Statement on Reverse Side)

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 Wm L. Ferrell

Licensed Embalmer No. 4847

P. O. Address Manfield, 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.