

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

State File No. 19369

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 258

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. CITY OR TOWN <u>JOPLIN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEMAN HOSP</u>		e. STREET ADDRESS (If rural, give location) <u>JOPLIN-MISSOURI</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MICHAEL</u> b. (Middle) <u>EUGENE</u> c. (Last) <u>WILSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 29 54</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JULY 22-1950</u>	9. AGE (In years last birthday) <u>3</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTH PLACE (City and State or Foreign Country) <u>JOPLIN MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>HOWARD WILSON</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISE ROMINE</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HOWARD WILSON</u>	ADDRESS <u>JOPLIN</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8830</u> <u>14</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1. Chemical esophagitis.</u> <u>2. Erosion of the mucosa and walls of the stomach by unknown chemical.</u> <u>3. Erosion of the mucosa and wall of the duodenum with edema and congestion of surrounding tissue</u> <u>4. Chemical inflammation of the upper portion of the jejunum.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>WAS ATTENDED BY DR. KATHLENE DEHL MD</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>JOPLIN - MO.</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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>HOME</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>JOPLIN JASPER MO.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-28-54</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>CHILD SWALLOWED A CAPSULE CHEMICAL NAMED "PINE-SOL" CAUSING DEATH</u>

22. I hereby certify that I attended the deceased from 10:00, 1607 ATTD, 1954, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:24 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wesley...</u>	(Degree or title) <u>3</u>	23b. ADDRESS <u>...</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REINTERMENT <u>BURIAL</u>	24b. DATE <u>MAY-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OSBORNE GEM</u>	24d. LOCATION (City, town, or county) (State) <u>JOPLIN-MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>6-17-54</u>	REGISTRAR'S SIGNATURE <u>Ed S. James</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HURIBUT FLOVER</u>	ADDRESS <u>JOPLIN</u>

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

No. 300
10.48

FILED JUN 22 1954

MAY 24 1955

RECEIVED JUN 2
Jasper County Health
County File Number 54-
Date Filed JUN

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
Signature of Student Embalmer

Signed Dale Glover

Licensed Embalmer No. 459

P. O. Address Joplin

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.