

No. 300
10. 48

FILED DEC 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41406**

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5570 Registrar's No. 477

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Levasy		c. LENGTH OF STAY (In this place) 1 yr	
d. FULL NAME OF HOSPITAL OR INSTITUTION IX		d. STREET ADDRESS (If rural, give location) North Main Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Laura	b. (Middle) Orena	c. (Last) Wilson	4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1954
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 2, 1917	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR 10 Months 7 Days	IF UNDER 24 HRS. 7 Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) telephone operator Tele. Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) 9		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Richard Harding	13b. MOTHER'S MAIDEN NAME Donna Reeves	14. NAME OF HUSBAND OR WIFE James Wilson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 489-18-0420	17. INFORMANT'S SIGNATURE OR NAME James M. Wilson	ADDRESS
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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, 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) Killed instantly in truck collision		
	ANTECEDENT CAUSES with Mo. Pac. Extra Frt. # 375 at Main Street crossing in Levasy Mo. at 9:45 P.M. Dec. 9, 1954		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death fractured skull by car		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E8100 27	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) R.R. Crossing	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) Levasy, Jackson Co. Mo. (COUNTY) 700 (STATE)
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21d. TIME OF INJURY Dec. 9, '54-9:45 PM	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR Truck from collision Her Trk on Tracks in front of Frt.
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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 **9:45 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hugh H. Owens Coroner	23b. ADDRESS 1034 Riatta Bldg	23c. DATE SIGNED 12-11-54
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 10-13-54	24c. NAME OF CEMETERY OR CREMATORY Anderson Cem	24d. LOCATION (City, town, or county) (State) Moberly Mo
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Dec. 10, 1954	354	25. FUNERAL DIRECTOR'S SIGNATURE Vernon M. Kappert	ADDRESS Buckner, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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DEC 27 1952

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 _____

working under my personal supervision.

Student embalmer No. _____

Student _____
Student embalmer

Signed Vernon M. Reppert

Licensed Embalmer No. 4311

P. O. Address Buckner Ave

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.