

FILED FEB 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1641**

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 22	
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. LENGTH OF STAY (in this place) 4 WEEKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY		d. STREET ADDRESS (If rural, give location) 205 W. ARCH STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL							
3. NAME OF DECEASED (Type or Print) a. (First) CLINTON		b. (Middle) ROSCOE		c. (Last) WILSON		4. DATE OF DEATH (Month) (Day) (Year) JAN. 20, 1956	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 7, 1900	
9. AGE (In years last birthday) 55		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WASHMAN		10b. KIND OF BUSINESS OR INDUSTRY AMERICAN LAUNDRY		11. BIRTHPLACE (State or foreign country) PARSONS, KANSAS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JAMES B. WILSON		13b. MOTHER'S MAIDEN NAME CLARA BROWN		14. NAME OF HUSBAND OR WIFE MRS. ADA WILSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ADA WILSON, 205 W. ARCH ST., WEBB CITY, MO.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Hydrocephalus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumococcal Meningitis DUE TO (c) Pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Renal Failure				INTERVAL BETWEEN ONSET AND DEATH 4 wks. 4 wks. 7 2 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3401				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 12-21 , 19 55 , to 1-20 , 19 56 that I last saw the deceased alive on 1-20 , 19 56 , and that death occurred at 7:30 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Design of title) <i>[Signature]</i>				23b. ADDRESS Joplin Mo		23c. DATE SIGNED 1-23-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-23-56		24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
DATE REC'D BY LOCAL REG. 1-25-56		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.			

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

RECEIVED FEB 1 1956
Jasper County Health Office
County File Number 56-2-91
Date Filed FEB 1 1956

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.

Signed.....
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.