

FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9940

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas		b. COUNTY Washington			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Neosho		c. LENGTH OF STAY (in this place) 5 hrs.		c. CITY OR TOWN Fayetteville			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sale Memorial Hospital		STREET ADDRESS (If rural, give location) 10308					
3. NAME OF DECEASED a. (First) Edward		b. (Middle) Leslie		c. (Last) Wilson			
4. DATE OF DEATH (Month) (Day) (Year) April 7, 1956		5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 9-14-1889		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min 66			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Distributor		10b. KIND OF BUSINESS OR INDUSTRY Paint		11. BIRTHPLACE (City and State or Foreign Country) Montevideo, Minnesota			
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Roderick D. Wilson		13b. MOTHER'S MAIDEN NAME Bertha Kitchell			
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 431-07-9389			
17. INFORMANT'S SIGNATURE OR NAME Margaret Wilson, Russelville, Ark.		ADDRESS					
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) <i>Crushed Skull</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Neosho Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-7-56 11:30 AM		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? auto accident			
22. I hereby certify that I attended the deceased from _____, 19____, to 4-7, 1956, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:50 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Boyle Thompson Jr. Coroner				23b. ADDRESS Neosho, Mo.		23c. DATE SIGNED 4-7-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-9-56		24c. NAME OF CEMETERY OR CREMATORY Fayetteville, Arkansas		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 4-9-56		REGISTRAR'S SIGNATURE Melvin C. Bowman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark-Bigham Mortuary Neosho, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

300
4823
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RECEIVED

District Health Officer No. Newton
District File Number 456-47
Date Filed APR 22 1956

APR 18 1956
SEP 27 1951

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..... L. Cecil A. Shomberg

Licensed Embalmer No. 359

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.