

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20922

State File No.

FILED JUN 28 1956

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 264

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| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin Mo</u> | | c. LENGTH OF STAY (in this place) <u>11 days</u> | c. CITY OR TOWN <u>Joplin Mo.</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hosp.</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS (If rural, give location) <u>1612 West 4th St.</u> | | 04950 | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Richard</u> | b. (Middle) <u>E. (Gene)</u> | c. (Last) <u>Wasson</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 10, 1956</u> |
|-------------------------------------|---------------------------|------------------------------|-------------------------|--|

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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct 15, 1909</u> | 9. AGE (In years last birthday) <u>46</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|--------------------------------------|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Appliance Repairman</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Joplin Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>John Calvin Wasson</u> | 13b. MOTHER'S MAIDEN NAME <u>Ida Mae Wasson</u> | 14. NAME OF HUSBAND OR WIFE <u>Orabelle Wasson</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>499-07-8308</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Orabelle Wasson</u> | ADDRESS <u>Joplin Mo</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, 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>Acute hemorrhagic pancreatitis</u> <u>pneumonia</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cholelithiasis - chole docho lithemias</u> DUE TO (c) <u>Stricture - inflom - common duct</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hepatitis - 584x</u> | | | |

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| 19a. DATE OF OPERATION <u>5-30-56</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Stricture common duct - Necrosis in liver</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) _____ | 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 5-30, 1956, to 6-10, 1956, that I last saw the deceased alive on 6-10, 1956, and that death occurred at 8 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>W. J. ...</u> | 23b. ADDRESS <u>Joplin Missouri</u> | 23c. DATE SIGNED <u>6-12-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>June 13, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>June 20-56</u> | REGISTRAR'S SIGNATURE <u>Noce Merriam</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnston-Arnce-Simpson</u> | ADDRESS <u>Mortuary</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number 566-510
Date Filed 9561-2 JUN

JUN 20 1956

MAR 31 1957

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 *Harvey E. Bruce*
Licensed Embalmer No. 4463

P. O. Address *W. City, Mo.*

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