

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27324**

FILED SEP 13 1956

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>150</u> | | PRIMARY REG. DIST. NO. <u>5572</u> | | Registrar's No. <u>153</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prairie</u> | | c. LENGTH OF STAY (in this place) <u>16 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenwood</u> | | d. STREET ADDRESS (If rural, give location) <u>General Delivery</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hosp.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>7000</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JENNE</u> b. (Middle) <u>(Jennie)</u> c. (Last) <u>DeLoview Wild</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9 7 56</u> | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u> | | 8. DATE OF BIRTH <u>Jan. 28-1883</u> | |
| 9. AGE (In years last birthday) <u>73</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>William Gose</u> | | 13b. MOTHER'S MAIDEN NAME <u>Claririnda Gumm</u> | | 14. NAME OF HUSBAND OR WIFE <u>Wm S. Wild (Deceased)</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elma Hatfield, Greenwood, Mo.</u> | | | |
| 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) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Ecchym Arterio Scleris</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | <u>332X</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 <u>8-16</u> , 19 <u>56</u> , to <u>9-1</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>9-1</u> , 19 <u>56</u> , and that death occurred at <u>5:35</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Elma Hatfield M.P.</u> | | | | 23b. ADDRESS <u>Jackson County Hosp</u> | | 23c. DATE SIGNED <u>9-1-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Sept. 3, 1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Greenwood, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Sept 2-1956</u> | | REGISTRAR'S SIGNATURE <u>M. Langsford</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mo. <u>Langsford Funeral Home, Lee's Summit</u> | | | |

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

830

STATEMENT BY LICENSED EMBALMER

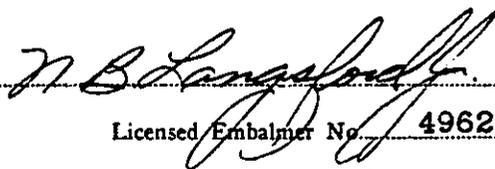
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 4962

P. O. Address Lee's Summit, 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.