FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2113

Registration District No. 241 Primary Registration District No. 5829 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Route Portage Twp. Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 Mi. S. W. Portageville, Mo. Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN New Madrid Inside Limits Yes ☐ No ☒
d. STREET ADDRESS 4 Mi. South New Madrid (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Donald Middle: Eugene Last: Wilson
4. DATE OF DEATH Month: January Day: 19 Year: 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH October 25, 1934
9. AGE (In years last birthday) 22 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Construction Work
11. BIRTHPLACE (City and state or country) New Madrid Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A
13. FATHER'S NAME John Wilson
14. MOTHER'S MAIDEN NAME Ethel Neely
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT John Wilson Address New Madrid, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Caterpillar truck fell and body
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cause Broken Neck, Crushed Chest
DUE TO (c) and Left arm.
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Leo Hedgspeth (Degree or title) Coroner.
22b. ADDRESS New Madrid - Mo.
22c. DATE SIGNED 1/21/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-21-57
23c. NAME OF CEMETERY OR CREMATORY W. O. W. Cemetery
23d. LOCATION (City, town, or county) East Prairie, Missouri (State)

24. FUNERAL DIRECTOR Travis Shelby, Jr. ADDRESS East Prairie, Mo.
25. DATE RECD. BY LOCAL REG. 1-23-57
26. REGISTRAR'S SIGNATURE Ellen De Lisle Milam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard terminology. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

DATE RECEIVED JAN 28 1957
NEW MADRID CO. HEALTH CENTER
P. J. S.

FEB 20 '57

STATEMENT BY LICENSED EMBALMER --

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Travis Shelby Jr.

Licensed Embalmer No 4 9

P. O. Address East Broa

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.