

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13845**

FILED APR 22 1957

BIRTH NO.		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. 5767		Registrar's No. 48	
1. PLACE OF DEATH a. COUNTY Lincoln b. CITY (If outside corporate limits, write RURAL and give township) Ray c. LENGTH OF STAY (in this place) 2 weeks d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lincoln County Memorial Hosp.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln c. CITY OR TOWN Hawkpoint d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS 0570 (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) Wing c. (Last) Wing			4. DATE OF DEATH (Month) (Day) (Year) April 13, 1957				
5. SEX <input type="radio"/> Male <input type="radio"/> Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 29, 1879	
9. AGE (in years last birthday) 77		IF UNDER 1 YEAR Months 5 Days 14		IF UNDER 1 HRS. Hours 1 Min. 0		11. BIRTHPLACE (City and State or Foreign Country) 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General Laborer		12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Pete Wing	
13b. MOTHER'S MAIDEN NAME Anna Havlik		14. NAME OF HUSBAND OR WIFE Leona Wing		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. 496-14-3093	
17. INFORMANT'S SIGNATURE OR NAME Leona Wing		ADDRESS Hawkpoint 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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrillation				INTERVAL BETWEEN ONSET AND DEATH 10 yr			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis - acute Decompensation				DUE TO (c) Senile Dementia			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19a. DATE OF OPERATION			
19b. MAJOR FINDINGS OF OPERATION 4500				20. AUTOPSY? <input type="radio"/> YES <input type="radio"/> NO			
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 3/9 , 19 57 , to April 13 , 19 57 , that I last saw the deceased alive on 4-13 , 19 57 , and that death occurred at 4:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Leonard Carfent MD				23b. ADDRESS 550 Cap au Gris Hwy		23c. DATE SIGNED 4/15/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 15, 1957		24c. NAME OF CEMETERY OR CREMATORY ST Mary's Cemetery		24d. LOCATION (City, town, or county) (State) Hawkpoint MO.	
DATE REC'D BY LOCAL REG. 4-20-57		REGISTRAR'S SIGNATURE Emma B. Parille		25. FUNERAL DIRECTOR'S SIGNATURE DW. Mc Coy ADDRESS Tracy MO			

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

162

MAY 1 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 *D. W. McBoys*

Licensed Embalmer No. *3586*

P. O. Address *Troy 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.