

FILED FEB 11 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1726
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 26

300

-57

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JOPLIN-TWP.</u>		c. CITY OR TOWN <u>JOPLIN</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>20th + KENSER RD</u>		d. STREET ADDRESS (If outside, give location) <u>20th ST. + KENSER RD</u>	
3. NAME OF DECEASED (Type or print) First <u>OLIVER</u> Middle <u>WILSON</u> Last <u>WILSON</u>		4. DATE OF DEATH Month <u>FEB</u> Day <u>4</u> Year <u>1958</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>FEB 7, 1907</u>
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER TRANSPORTATION</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DUENWEG, MO</u>	
11. BIRTHPLACE (City and state or country) <u>U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>LINK WILSON</u>		13b. MOTHER'S MAIDEN NAME <u>SKEETA GRIFFIS</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</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> </u>		17. INFORMANT <u>MARK WILSON - JOPLIN, MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331X</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>Dec 7, 1957</u> to <u>Febr. 4, 1958</u> and last saw him alive on <u>Febr. 4, 1958</u> Death occurred at <u>11:45 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John W. Douglas M.D.</u> (Degree or title)		22b. ADDRESS <u>210 W. 32nd JOPLIN MO</u>	
22c. DATE SIGNED <u>2/6/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>FEB 7, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FOREST PARK</u>	23d. LOCATION (City, town, or county) (State) <u>JOPLIN MO</u>
24. FUNERAL DIRECTOR <u>Huelbert Gloria Joplin</u>		25. DATE RECD. BY LOCAL REG. <u>2-6-58</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Sautzer</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

County File Number
Date Filed FEB 10 1956

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 *Paul George*

Licensed Embalmer No. *4593*
P. O. Address *Joplin, 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.