Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-018747

STATE FILE NUMBER

FILED MAY 28 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 254

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): D.O.A. JOPLIN — Inside Limits: Yes ☐ No ☐ ?
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St John's Hosp. — Length of stay in 1b: D.O.A.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: KANSAS — b. COUNTY: CHEROKEE
c. CITY OR TOWN: GALENA 815 08 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1017 Wood Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ERNEST Middle FRANKLIN Last WILSON

4. DATE OF DEATH: Month MAY Day 16 Year 1958

5. SEX: MALE

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Oct. 31, 1906

9. AGE (In years last birthday): 51 — 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): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: General Sales work

11. BIRTHPLACE (City and state or country): Kokomo Indiana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Sylvester F. Wilson

13b. MOTHER'S MAIDEN NAME: MARGARET JOHNSON

14. NAME OF HUSBAND OR WIFE: MARY Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 308-09-8093

17. INFORMANT: Mary Wilson — Address:

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): 1. FRACTURE, COMPOUND SKULL — INTERVAL BETWEEN ONSET AND DEATH: LESS THAN 15 MINUTES

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): 2. LACERATIONS, SEVERE, FACE

DUE TO (c): 8234 32

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): BLOOD ALCOHOL (VENOUS) - 246 mgm. percent - INDICATION OF INTOXICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

MEDICAL CERTIFICATION

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): DROVE CAR OFF STATE HIWAY AND OVERTURNED, SUSTAINED MULTIPLE INJURIES RESULTING IN DEATH.

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.): KANS. STATE HIWAY #

20f. CITY, TOWN, OR LOCATION: SOUTH OF GALENA — COUNTY: CHEROKEE 815 — STATE: KANSAS

21. I attended the deceased from DID NOT ATTEND to D.O.A. ST. JOHNS HOSPITAL JOPLIN MO.

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W W Kenshaw CORONER JASPER CO. 3

22b. ADDRESS: MED. ARTS. BUILDING - JOPLIN - MO.

22c. DATE SIGNED: 5/19/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: May 21, 1958

23c. NAME OF CEMETERY OR CREMATORY: Messer Cemetery

23d. LOCATION (City, town, or county) (State): Cherokee Co. Kansas

24. FUNERAL DIRECTOR: Roy L. Derfelt — ADDRESS: Galena Kansas

25. DATE RECD. BY LOCAL REG.: 5-22-1958

26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

County File Number 58-5-494
Date Filed MAY 27 1957

MAY 29 1958

VS JAN 18 1960

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 Roy L. Derfelt

Licensed Embalmer No. 4945

P. O. Address Galena Kansa

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.