

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036854

STATE FILE NUMBER

FILED NOV 12 1958 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 201

300  
1-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Webb City 0492 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 704 N. Elliott		Length of stay in 1b 6 Yrs.	d. STREET ADDRESS (If outside, give location) 704 N. Elliott Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Jesse C. Wilson			4. DATE OF DEATH Month Day Year Nov. 3, 1958		
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5. SEX Male c	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 29, 1881	9. AGE (In years and birthday) 77	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Neodesha, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME No Data		13b. MOTHER'S MAIDEN NAME No Data		14. NAME OF HUSBAND OR WIFE Carrie Wilson	
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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. 443-01-8841	17. INFORMANT Carrie Wilson 704 N. Elliott Webb City, Mo.		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GUNSHOT WOUND (FATAL) HEAD INTERVAL BETWEEN ONSET AND DEATH INSTANTANEOUS			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CARCINOMA EPIDERMID EXTENSIVE HEAD		
	DUE TO (c) AND FACE		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) DOT MUZZLE OF 38 CAL. PISTOL TO HEAD SHOT SELF THRU		
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20c. TIME OF INJURY 7:45 p.m. 11-3-58			BRAIN		
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	20f. CITY, TOWN, OR LOCATION WEBB CITY	COUNTY JASPER	STATE MO.
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21. I attended the deceased from <u>DID NOT ATTEND</u> and last saw her/him alive on <u>7:45 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
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22a. SIGNATURE (Degree or title) Wendell H. Brown 3			22b. ADDRESS Former Jasper County - Med. Arts Bldg. Joplin Mo.		22c. DATE SIGNED 11-5-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-8-58	23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	23d. LOCATION (City, town, or county) (State) Tulsa, Okla.	
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24. FUNERAL DIRECTOR Johnston-Arnge-Simpson Webb City, Mo.		25. DATE RECD. BY LOCAL REG. 11-7-58	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		
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All diseases in Part I must be causally related.

MEDICAL CERTIFICATION  
W. W. First - M. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**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 *Jack C. Simpson* .....  
Licensed Embalmer No. *4647* .....  
P. O. Address *West City,* .....

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.