

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039465
STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 299

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY SEDGWICK	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WICHITA Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP.		Length of stay in lb 8/5	d. STREET ADDRESS (If outside, give location) P Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First RANDAL Middle H. Last WILSON			4. DATE OF DEATH Month NOV. Day 28, Year 1958		
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5. SEX MALE	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 SEPT. 4, 1897	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 2 Days 24	IF 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)	10b. KIND OF BUSINESS OR INDUSTRY WAREHOUSE SUPER.	11. BIRTHPLACE (City and state or country) GALLESPIE, ILL.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE MINGON WILSON
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. 489-26-7042	17. INFORMANT JOHN L. WILSON	Address SIKESTON, 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) <i>Multiple fractures of sternum and rib cage with contents and lacerations of chest contents</i>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO <i>and rib cage with contents and lacerations of chest contents</i>		
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

20a. ACCIDENT <input checked="" 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) <i>Subject was driving automobile uncontrolled</i>
20c. TIME OF INJURY Hour 10:30 a.m. Month, Day, Year 11/28/58	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>3 Mile Road Beaumont Franklin Mo.</i>

20f. CITY, TOWN, OR LOCATION OS B COUNTY FRANKLIN STATE MO.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>[Signature]</i>	22b. ADDRESS <i>[Address]</i>	22c. DATE SIGNED 11/28/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 11-29-58	23c. NAME OF CEMETERY OR CREMATORY SIKESTON CITY CEMETERY	23d. LOCATION (City, town, or county) (State) SIKESTON, MO.
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24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME UNION, MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. 11/29/58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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(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.

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JAN 9 1959
JAN 12 1959
JAN 6 1959

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 *Ralph Altman*

Licensed Embalmer No. *4808*

P. O. Address *Union, N.J.*

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.