

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005256

STATE FILE NUMBER

FILED MAR 2 1959

Registration District No. 128

Primary Registration District No.

Registrar's No. 263

300

1-57

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1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Washington		
b. CITY OR TOWN S. Campbell Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN White Salmon		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Springfield, Mo.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRANKIE Middle W. Last WILSON			4. DATE OF DEATH Month Feb. Day 24, Year 1959		
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 Oct. 4, 1915		9. AGE (In years last birthday) 43
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sawmill worker		10b. KIND OF BUSINESS OR INDUSTRY sawmill		11. BIRTHPLACE (City and state or country) Bultor County, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME W. M. Wilson		13b. MOTHER'S MAIDEN NAME Ardele Hardin	
14. NAME OF HUSBAND OR WIFE Fern Wilson		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 486-16-8504	
17. INFORMANT Archie Yeley, Poplar Bluff, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CRUSHING HEAD AND CHEST INJURIES		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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) TWO CAR ACCIDENT ON US HWAY 60 40F MILE EAST OF JUNCTION OF US 60 AND STATE 425 HE WAS APPARENTLY DRIVER OF WEST BOUND AUTO			
20c. TIME OF INJURY Hour 3:40 a.m. Month, Day, Year FEB 24 1959		20d. INJURY OCCURRED WHILE AT WORK <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.) U. S. HWAY 60	
20f. CITY, TOWN, OR LOCATION Greene Missouri		21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at APPROX 3:40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ralph H. Thieme		22b. ADDRESS Greene County, Missouri		22c. DATE SIGNED 24 Feb 59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2/25/59		23c. NAME OF CEMETERY OR CREMATORY Brown Chapel Cemetery	
23d. LOCATION (City, town, or county) Poplar Bluff, Missouri		24. FUNERAL DIRECTOR Ralph Thieme, Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 2-26-59	
26. REGISTRAR'S SIGNATURE Effie B. Melton					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Lee Mason*

Licensed Embalmer No.4568.....

P. O. Address...Springfield, 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.