

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009928  
STATE FILE NUMBER

FILED MAR 24 1959

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 44

300  
1-57

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1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Twsp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hope Manor R. Home		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Neosho R # 3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARY Middle E. Last WILSON			4. DATE OF DEATH Month Day Year Mar. 4, 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 30, 1875	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Butler Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Elisha Peters		13b. MOTHER'S MAIDEN NAME Mary McBride		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If give war or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT Ralph Wilson, Neosho Mo. R #3		
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>Arteriosclerotic Cardiovascular Disease</i>					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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 <i>Mar 19 57</i> to <i>Mar 19 59</i> and last saw <sup>her</sup> alive on <i>Feb 21, 1959</i> Death occurred at <i>4:30 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>George C. Olive, M.D.</i>			22b. ADDRESS <i>Neosho, Mo</i>		22c. DATE SIGNED <i>6 Mar 59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-6-1959	23c. NAME OF CEMETERY OR CREMATORY New Salem		23d. LOCATION (City, town, or county) (State) Newton County Missouri
24. FUNERAL DIRECTOR Thompson Funeral Home, Neosho Mo.		25. DATE RECD. BY LOCAL REG. 3-16-59	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

water, uric acid, etc. must use only standard nomenclature in item 18. No symptoms with no listed. All diseases in Part I must be causally related.

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 *L. Lyde M. Demmon* .....

Licensed Embalmer No. *5065* .....

P. O. Address *Neosho, 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.