

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000127

FILED VS FEB 1 1960

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 9

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Iamar</u>		Length of stay in lb <u>2 weeks</u>		c. CITY OR TOWN <u>Jasper</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Barton County Memorial Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>9 miles n.w. of Jasper</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Julia</u> Middle <u>Del</u> Last <u>Wilson</u>				4. DATE OF DEATH Month <u>January</u> Day <u>22</u> Year <u>1960</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 14, 1869</u>	9. AGE (last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and state or country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Charles Wilson</u>			13b. MOTHER'S MAIDEN NAME <u>Clara Etts</u>			14. NAME OF HUSBAND OR WIFE <u>John George Wilson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Wesley Wilson, Jasper, Mo. R#2.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>1, 2 & 3° Burns of Both Knees, Legs & Feet.</u> DUE TO (b) <u>2° Burn lower lip</u> DUE TO (c) <u>2° Burn lower lip</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>Jan 9, 1960</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>? Cardiovascular accident Dec. 29, '59</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.) <u>Sitting in chair before a stove fire scalded me severely from heat.</u>						
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> Month, Day, Year <u>Jan 9, 1960</u>		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>at home</u>		20f. CITY, TOWN, OR LOCATION <u>Jasper Rt 2, Jasper, Mo</u>		20g. COUNTY <u>Jasper</u>		20h. STATE <u>Mo</u>		
21. I attended the deceased from <u>Jan 10, 1960</u> to <u>Jan 22, 1960</u> and last saw her alive on <u>Jan 27, 1960</u> Death occurred at <u>5:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>John T. Bickel, MD.</u> (Degree or title)				22b. ADDRESS <u>Jasper, Missouri</u>		22c. DATE SIGNED <u>1/23/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan. 25, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Nashville Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Barton County, Mo.</u>			
24. FUNERAL DIRECTOR <u>Martin Selvey, Jasper, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>JAN 23 '60</u>		26. REGISTRAR'S SIGNATURE <u>Marie Kovantz</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George W Newcomb

Licensed Embalmer No. 4691

P. O. Address Lockwood

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.