

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

=60-020315

STATE FILE NUMBER

FILED VS JUN 3 1960

Registration District No. 272 Primary Registration District No. 5908 Registrar's No. 24

1. Health,  
& Welfare  
5. Public  
Health Service

5. 300  
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|  |                                  |  |   |   |   |
|--|----------------------------------|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Peniscott</u>  |                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Lissouri</u> b. COUNTY <u>Peniscott</u>    |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hermondale</u> <i>Holland Twp.</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                                  |  | c. CITY OR TOWN <u>Hermondale</u> <i>Holland Twp.</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>         |   |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ROUTE 3, INSTITUTION <u>IN</u> Length of stay in 1b <u>58 yrs.</u>   |                                  |  | d. STREET ADDRESS (If outside, give location) <u>Route 3</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Ollie</u> Middle <u>Wilson</u> Last <u></u>  |                                  |  | 4. DATE OF DEATH<br>Month <u>May</u> Day <u>8</u> Year <u>1960</u>  |   |   |
| 5. SEX<br><u>male 2</u>  | 6. COLOR OR RACE<br><u>Negro</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br><u>WIDOWED</u> <input checked="" type="checkbox"/> - DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>10-28, 1891</u>  | 9. AGE (In years last birthday)<br><u>68</u>    | IF UNDER 1 YEAR<br>Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>                         |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>laborer</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>farm</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Lissouri</u>   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A.</u> |   |
| 13. FATHER'S NAME<br><u>unknown</u>  |                                  |  | 14. MOTHER'S MAIDEN NAME<br><u>unknown</u>  |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> <i>dis. 7-5, 1919</i>  |                                  | 16. SOCIAL SECURITY NO.<br><u>none</u>   | 17. INFORMANT<br><u>Nellie Ledell</u> Address <u>R. 3, Steele, Mo.</u>  |   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Heart failure</u>   |                                  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |                                  |  |   |   | DUE TO (b) <u></u>  |
|  |                                  |  |   |   | DUE TO (c) <u>B</u>   |
| 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?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input 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.)  |   |   |
| 20c. TIME OF INJURY<br>Hour <u></u> Month, Day, Year<br>a. m. <u></u> p. m. <u></u>  |                                  |  |   |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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<br><u>Steele, RFD 3, Peniscott - Mo</u>  |   | COUNTY <u></u> STATE <u></u>  |
| 21. I attended the deceased from <u>May 7 1960</u> to <u>May 8 1960</u> and last saw her/him alive on <u>May 7 1960</u> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |  |   |   |   |
| 22a. SIGNATURE<br><u>Jerry R. Chapman, M.D.</u>  |                                  |  | 22b. ADDRESS<br><u>Steele, Mo</u>   |   | 22c. DATE SIGNED<br><u>5-11-60</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                                  | 23b. DATE<br><u>5-13, 1960</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Oak Grove Cemetery</u>   |   | 23d. LOCATION (City, town, or county) (State)<br><u>Hermondale Missouri</u>                       |
| 24. FUNERAL DIRECTOR<br><u>Trumpler Funeral Home Blytheville, Ark.</u>   |                                  |  | 25. DATE RECD. BY LOCAL REG.<br><u>5-31-60</u>  | 26. REGISTRAR'S SIGNATURE<br><u>[Signature]</u> |   |

(Licensed Embalmer's Statement on Reverse Side)

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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 *J. L. Campbell*

Licensed Embalmer No. *915*

P. O. Address *Plymouth*

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.