

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 13 1960

-60-031045

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 437

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin, Missouri</u>		Length of stay in lb <u>23 days</u>	c. CITY OR TOWN <u>Webb City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1206 Nelson</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>CLARA</u> Middle <u>ANN</u> Last <u>WILSON</u>	4. DATE OF DEATH Month <u>August</u> Day <u>29</u> Year <u>1960</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/22/1884</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
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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>None</u>	11. BIRTHPLACE (City and state or country) <u>Crane, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jim Reed</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Martin</u>	14. NAME OF HUSBAND OR WIFE <u>Samuel L Wilson</u>
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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 <u>Samuel L Wilson</u>	Address <u>1206 Nelson Webb City</u>
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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) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypertension</u>	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	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
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19. WAS AUTOPSY PERFORMED? 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.)
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20c. TIME OF INJURY Hour <u>3:00</u> a.m. <u>A</u> Month, Day, Year <u>July 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.)	20f. CITY, TOWN, OR LOCATION <u>Webb City, Mo</u>	COUNTY <u>Webb</u>	STATE <u>Missouri</u>
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21. I attended the deceased from <u>July 1960</u> to <u>Aug 29</u> and last saw her <u>alive</u> on <u>Aug 29, 1960</u> Death occurred at <u>300 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>George Wright M.D.</u> (Degree or title)	22b. ADDRESS <u>2212 So Webb Webb City, Mo</u>	22c. DATE SIGNED <u>8-16-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/31/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Webb City Cemetery</u>	23d. LOCATION (City, town, or county) <u>Webb City, Missouri</u>
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24. FUNERAL DIRECTOR <u>Hodge Lewis</u>	ADDRESS <u>Webb City, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>9-9-1960</u>	26. REGISTRAR'S SIGNATURE <u>Robert Merriam</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 13 1960

STATEMENT OF LICENSED EMBALMER
SEP 13 1960

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 Richard Gray Lew

Licensed Embalmer No. 4403

P. O. Address Webb City

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.