

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007511

STATE FILE NUMBER

AMENDED

Registration District No. 11 Primary Registration District No. 5050 Registrar's No. 20

FILED VS MAR 15 1961

1. PLACE OF DEATH a. COUNTY <b>BARRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>BARRY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MINERAL #2 TWP.</b>		c. CITY OR TOWN <b>MINERAL #2 TWP.</b>	
Length of stay in 1b <b>min.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>12 Mi. E/ Cassville</b>		d. STREET ADDRESS (If outside, give location) <b>RT. 1, JENKINS</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>CLAUDE</b> Last <b>WILSON</b>			4. DATE OF DEATH Month <b>March</b> Day <b>2</b> Year <b>1961</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>7/1/29</b>	9. AGE (last birthday) <b>31</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and state or country) <b>Shell Knob, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Noah Wilson</b>		13b. MOTHER'S MAIDEN NAME <b>Zyta Brown</b>		14. NAME OF HUSBAND OR WIFE		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
**no**

17. INFORMANT Address  
**Zyta Wilson, R.F.D. Crane, 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) **Crushed Skull & Broken neck**

INTERVAL BETWEEN ONSET AND DEATH  
**instant**

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)  
**interal injuries**

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
**lost control of car on curve of hiway 148**

20c. TIME OF INJURY  
Hour **8:55** p.m. Month, Day, Year **3-2-61** and hit a tree.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
**hiway 148**

20f. CITY, TOWN, OR LOCATION COUNTY STATE  
**12 Mi. E. Cassville Barry Mo.**

21. I attended the deceased from **Coroner Case** and last saw her/him alive on \_\_\_\_\_  
Death occurred **#about 8:55 p.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
**Doyle E. Williamson, Coroner**

22b. ADDRESS  
**Cassville, Missouri**

22c. DATE SIGNED  
**3/4/61**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

23b. DATE  
**3/5/61**

23c. NAME OF CEMETERY OR CREMATORY  
**Carney Cemetery**

23d. LOCATION (City, town, or county) (State)  
**Barry Co., Missouri**

24. FUNERAL DIRECTOR ADDRESS  
**Doyle E. Williamson, Cassville, Mo.**

25. DATE RECD. BY LOCAL REG.  
**3-7-1961**

26. REGISTRAR'S SIGNATURE  
**Grace Williams**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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

*Phyllis E. Williamson*

Licensed Embalmer No. 4883

P. O. Address Cassville, 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.