SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ITMENT OF PUBLIC HEALTH AND WELFARE

-61-021804
STATE FILE NUMBER

AMENDED

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 13-61

FILED JUN 26 1961

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Aurora — Length of stay in 1b: 2½ hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Aurora Community Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Stone
c. CITY OR TOWN: Hurley — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 3½ miles North — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Penny Middle: Lynn Last: Wilson
4. DATE OF DEATH: Month: June Day: 8 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/5/1961
9. AGE (last birthday): 0 — IF UNDER 1 YEAR: Months 0 Days 3 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (City and state or country): Aurora, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Hershel Wilson
13b. MOTHER'S MAIDEN NAME: Wilma Mitchell
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Address: Mr. Hershel Wilson, Hurley, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Aspirated Vernix
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. ☐ 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.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6/5, to 6/8 and last saw her/him alive on 6/8/61
Death occurred at 1:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. A. Morrison (Degree or title) MD
22b. ADDRESS: Aurora Mo
22c. DATE SIGNED: 6/10/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/9/1961
23c. NAME OF CEMETERY OR CREMATORY: Short Cemetery
23d. LOCATION (City, town, or county) (State): Hurley, Missouri

24. FUNERAL DIRECTOR: Julian Harris, ADDRESS: Clever, Mo.
25. DATE RECD. BY LOCAL REG.: June 21-61
26. REGISTRAR'S SIGNATURE: Anna Lou Griffith

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

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. Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.