

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002346  
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 6

1. PLACE OF DEATH  
a. COUNTY Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in 1b 17 yrs

c. CITY OR TOWN Joplin Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2402 Willard Ave. Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 2402 Willard Ave. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First NELLIE Middle MAY Last WINGATE

4. DATE OF DEATH Month January Day 8 Year 1962

5. SEX F 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH 7-4-1899 9. AGE (last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Indianapolis, Ind. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Frederick Wood 13b. MOTHER'S MAIDEN NAME Emma Harvey 14. NAME OF HUSBAND OR WIFE Ralph Wingate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. Unk. 17. INFORMANT Address Ralph Wingate, 2402 Willard, Joplin, 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) CORONARY THROMBOSIS INTERVAL BETWEEN ONSET AND DEATH 1 Hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) GENREALIZED ARTERIOSCLEROSIS Unknown

DUE TO (c) DIABETES. 6Months

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 Month, Day, Year a.m. p.m.

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 October 23, 1962 to January 7 1962 and last saw her MO alive on January 7 1962

Death occurred at 6 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) SEAILBAUM M.D. 22b. ADDRESS 408 West Fourth St. Joplin, Mo. 22c. DATE SIGNED 1/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1-10-62 23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery, 23d. LOCATION (City, town, or county) (State) Joplin, Missouri

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MISSOURI 25. DATE RECD. BY LOCAL REG. 1-10-1962 26. REGISTRAR'S SIGNATURE Dove Merriam

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

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 me,  
or by Robert A. York, Student Embalmer No. 631  
working under my personal supervision.

Student Robert A. York  
Signature of Student Embalmer

Signed Harvey C. Arnie

Licensed Embalmer No. 4465

P. O. Address Spring Hill

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.