

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027583

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 136

STATE FILE NUMBER

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| FILED JUL 30 1962 | |
| 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 Webb City | Length of stay in 1b 6 yrs. |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chinn Hospital | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. STREET ADDRESS (If outside, give location) 518 Patterson | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last | |
| James Harvey Wilson | |
| 4. DATE OF DEATH Month Day Year July 25 1962 | |
| 5. SEX Male | 6. COLOR OR RACE White |
| 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-25-1886 |
| 9. AGE (last birthday) 76 | |
| 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) Woodcraftman | |
| 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and state or country) Memphis, Tennessee | |
| 12. CITIZEN OF WHAT COUNTRY U S A | |
| 13a. FATHER'S NAME James Wilson | |
| 13b. MOTHER'S MAIDEN NAME Isabelle Lewis | |
| 14. NAME OF HUSBAND OR WIFE Ottie Wilson | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI | |
| 16. SOCIAL SECURITY NO. WWI | |
| 17. INFORMANT Address Mrs. Ottie Wilson, Joplin, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: | |
| IMMEDIATE CAUSE (a) TOXIC MYOCARDIOSIS | |
| Interval between ONSET AND DEATH 36 hrs | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) AZOTEMIA | |
| Interval between ONSET AND DEATH 12 hrs | |
| DUE TO (c) INTESTINAL OBSTRUCTION | |
| Interval between ONSET AND DEATH 72 hrs | |
| 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 | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Hour a.m. p.m. Month, Day, Year | |
| 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 COUNTY STATE | |
| 21. I attended the deceased from 8-20-60 to 7-25-1962 and last saw him alive on 7-25-62 | |
| Death occurred at 5:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE J. B. Kerr, M.D. (Degree or title) | |
| 22b. ADDRESS 712 Florida, Joplin, Mo. | |
| 22c. DATE SIGNED 7-25-62 (State) | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | |
| 23b. DATE 7-27-1962 | |
| 23c. NAME OF CEMETERY OR CREMATORY Park Cemetery | |
| 23d. LOCATION (City, town, or county) Columbus, Kansas | |
| 24. FUNERAL DIRECTOR ADDRESS Mason Chapel, 108 Range Line, Joplin, Mo. | |
| 25. DATE RECD. BY LOCAL REG. 7-26-62 | |
| 26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer | |

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF) DATE AMENDED

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BY AFFIDAVIT OF

AUG 2 1962

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 Leo Mason

Licensed Embalmer No. 4568

P. O. Address Joplin, Missouri

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.