

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5069

State File No.

FILED FEB 18 1950

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 441

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>22 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>511 WEST-11TH STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>511 WEST-11TH STREET</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>RAYMOND</u>	b. (Middle) <u>EWELL</u>	c. (Last) <u>WILSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-27-1950</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>MAR-15-1921</u>	9. AGE (In years last birthday) <u>38 YEARS</u>	If UNDER 1 YEAR Months _____ Days _____	If UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STATIONARY MANAGER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>STATIONARY COMPANY</u>	11. BIRTHPLACE (State or foreign country) <u>JATAN MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>CLARENCE R. WILSON</u>	13b. MOTHER'S MAIDEN NAME <u>NANNIE MAY SIMPSON</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. FRANCES WILSON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>	If yes, give war or dates of service <u>WARLAWARTZ</u>	16. SOCIAL SECURITY NO. <u>487-01-6426</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT E. WILSON</u>	ADDRESS <u>3370 LIVE STREET KANSAS CITY, MO.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:40A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh H. Owens</u>	(Degree or title)	23b. ADDRESS <u>1234 Prairie Blvd.</u>	23c. DATE SIGNED <u>1-28-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 30 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>1-30-50</u>	REGISTRAR'S SIGNATURE <u>A. H. Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>O. H. Newcomer</u>	ADDRESS <u>1331 BROWN CREEK KANSAS CITY MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 28 1950

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

Student Embalmer

Signed

Jess T. Dewo

Licensed Embalmer No. *4453*

P. O. Address *75 Anson 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 this body is not embalmed, fact should be so stated above.