

FILED AUG 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27177

BIRTH NO. 50061-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3420

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 41 min.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Conley Mat. Hospital		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. STREET ADDRESS 619 Garfield Ave.		3178 318	
3. NAME OF DECEASED (Type or Print) a. (First) No name b. (Middle) Wilson c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 6 12 50	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify) N	8. DATE OF BIRTH 6 12 50
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles Wilson	
13b. MOTHER'S MAIDEN NAME Pauline Heckenlively		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Charles Wilson, 502 Prospect, K.C.		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Congenital debility 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	
19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. INTERVAL BETWEEN ONSET AND DEATH 79 5	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		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?	
22. I hereby certify that I attended the deceased from 6-12, 1950, to 6-12, 1950, that I last saw the deceased alive on 6-12, 1950, and that death occurred at 4:35 P.M. from the causes and on the date stated above.			
23a. SIGNATURE M. E. Whitstone D		23b. ADDRESS Independence, Mo.	
23c. DATE SIGNED 6/14/50		23d. NAME OF CEMETERY OR CREMATORY K.C.C.O.S. Path. Lab	
23e. LOCATION (City, town, or county) (State) Kansas City, Mo.		24a. BURIAL, CREMATION REMOVAL (Specify) retained	
24b. DATE 6-12 50		24c. NAME OF CEMETERY OR CREMATORY K.C.C.O.S. Path. Lab	
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		24e. DATE REC'D BY LOCAL REG. 8-9-50	
REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Conley Maternity Hosp	
ADDRESS M.C.		ADDRESS M.C.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No.....

P. O. Address.....

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.