

STANDARD CERTIFICATE OF DEATH

State File No. 5201

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5201

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY OR TOWN KANSAS CITY c. LENGTH OF STAY 40 YEARS d. FULL NAME OF HOSPITAL OR INSTITUTION 3615 ANDERSON STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON c. CITY OR TOWN KANSAS CITY d. STREET ADDRESS 3615 ANDERSON STREET

3. NAME OF DECEASED a. (First) ELIZABETH C b. (Middle) WILKS c. (Last) WILKS 4. DATE OF DEATH (Month) (Day) (Year) DEC-6-1950

5. SEX FEMALE WHITE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH SEPT-7-1881 9. AGE (In years last birthday) 69

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY AT HOME 11. BIRTHPLACE (State or foreign country) GRANT COUNTY, WISCONSIN 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME MICHAEL NEI 13b. MOTHER'S MAIDEN NAME ELIZABETH FISHLER 14. NAME OF HUSBAND OR WIFE HERBERT K. WILKS

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. NONE 17. INFORMANT'S SIGNATURE OR NAME Herbert K. Wills ADDRESS 3615 Anderson St. Kansas City, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) hypertenstion 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 20. AUTOPSY? YES [] NO [X]

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) m. 21e. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK [] 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15, 1950, to Dec 6, 1950, that I last saw the deceased alive on Dec 26, 1950, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE William F. Sanders (Degree or title) 23b. ADDRESS 1103 Grand St. Kansas City, Mo. 23c. DATE SIGNED 12-7-50.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Dec. 9, 1950 24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery 24d. LOCATION (City, town, or county) (State) Kansas City Missouri

DATE REC'D BY LOCAL REG. 12-9-50 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 13718 BRUSH CREEK BLVD. KANSAS CITY, MO.

(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

John B. Lewis Jr.
working under my personal supervision.

Student Embalmer No. 707

Signed John B. Lewis Jr.
Student Embalmer

Signed Charles H. Stickney

Licensed Embalmer No. 4560

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