

FILED FEB 10 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1376

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 381

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) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HICKMAN MILLS</u>	
c. LENGTH OF STAY (in this place) <u>27 days</u>		d. STREET ADDRESS (If rural, give location) <u>8503 GRACE AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>			
3. NAME OF DECEASED a. (First) <u>WILLIAM</u>		b. (Middle) <u>M.</u>	
		c. (Last) <u>WILSON</u>	
		4. DATE OF DEATH <u>JAN. 24. 1951</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB. 18. 1883</u>	
9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LONG CONSTRUCTION CO.</u>		11. BIRTHPLACE (State or foreign country) <u>GLASGOW MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>FRED WILSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY REYNOLDS</u>	
14. NAME OF HUSBAND OR WIFE <u>MRS. PEARL WILSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-053972</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. PEARL WILSON</u>		ADDRESS <u>8503 GRACE AVE. HICKMAN MILLS, MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>TETANY</u>	
DUE TO (b)		<u>DUODENAL OBSTRUCTION 4 da</u>	
DUE TO (c)		<u>DUODENAL ULCER 4 da</u>	
II. OTHER SIGNIFICANT CONDITIONS		<u>6/55 mounted</u>	
Conditions contributing to the death but not related to the disease or condition causing death.		<u>5410</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <u>1-23, 1951</u> , to <u>1-24, 1951</u> , that I last saw the deceased alive on <u>1-24, 1951</u> , and that death occurred at <u>9:30 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>F. L. Laffoon MD</u>		23b. ADDRESS <u>OF PATERSON MO</u>	
23c. DATE SIGNED <u>1-25-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 26 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>1-26-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>O.H. Newsome's Sons</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

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

Basil W. Honey

Licensed Embalmer No. 4724

P. O. Address: Oshtemo, 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.