

MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4972

571

BIRTH NO. REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Jackson	
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 24 YEARS		d. STREET ADDRESS (If rural, give location) 3113 Elmwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital No. 1			

3. NAME OF DECEASED (Type or Print)	a. (First) Frank	b. (Middle) W.	c. (Last) Wilson	4. DATE OF DEATH (Month) 2 (Day) 4 (Year) 51
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 3 1881	9. AGE (In years last birthday) 69
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AGENT	10b. KIND OF BUSINESS OR INDUSTRY INSURANCE	11. BIRTHPLACE (State or foreign country) WHITESTOWN INDIANA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ISAAC H. WILSON	13b. MOTHER'S MAIDEN NAME RETTA CULLEY	14. NAME OF HUSBAND OR WIFE MRS. GRACE M. WILSON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 488-18-9862A	17. INFORMANT'S SIGNATURE OR NAME Mrs. GRACE M. WILSON	ADDRESS 3113 ELMWOOD AVE. KANSAS CITY, MO.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac hypertrophy due to ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Healed rheumatic aortic valvulitis with aortic stenosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 411*
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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) m.	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 Feb. 3, 1951, to Feb. 4, 1951, that I last saw the deceased alive on Feb. 4, 1951, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title)	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 2-5-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 6 1951	24c. NAME OF CEMETERY OR CREMATORY WALNUT CREEK CEMETERY	24d. LOCATION (City, town, or county) (State) WELLSVILLE KANSAS
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DATE REC'D BY LOCAL REG. 2-6-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE O. M. Newcomer's Sons	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
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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.....

Jess T. Dees
Licensed Embalmer No. *445-3*

P. O. Address *75 Union 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.