U.S. No. 300
Rev. 10-48

FILED APR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8905

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1263

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 36 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
d. STREET ADDRESS (If rural, give location) 3800 Mercier 3460

3. NAME OF DECEASED (Type or Print) a. (First) Jacob b. (Middle) J c. (Last) Wilson
4. DATE OF DEATH (Month) (Day) (Year) March 20 1951
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 30, 1914
9. AGE (In years last birthday) 36 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Collector
10b. KIND OF BUSINESS OR INDUSTRY Music Service Co.
11. BIRTHPLACE (State or foreign country) Kansas City Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John P. Wilson
13b. MOTHER'S MAIDEN NAME Maud Morgan
14. NAME OF HUSBAND OR WIFE Mrs. Lillian Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO. 486-05-523 none
17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillian Wilson ADDRESS 3800 Mercier St. Kansas City, Mo.

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) Subdural Haematoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Petechial Hemorrhage
DUE TO (c) Trauma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Car ran off road

INTERVAL BETWEEN ONSET AND DEATH

E 8234

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Past Refused 024
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hi-way
21c. (CITY, TOWN, OR TOWNSHIP) Gashland (COUNTY) clay (STATE) mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-10-51 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car Accident

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 1:50 A m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) Hugh H. Owens Coroner
23b. ADDRESS 1034 Realty Bldg
23c. DATE SIGNED 3-21-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-23-51
24c. NAME OF CEMETERY OR CREMATORY Floral Hills
24d. LOCATION (City, town, or county) (State) K.C. mo.
DATE REC'D BY LOCAL REG. 3-22-51
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE O. H. Newcomer's Sons ADDRESS 1331 Brush Creek Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. 407

Signed John B Lewis Jr
Student Embalmer

Signed Charles H Stickney
Licensed Embalmer No. 4560

P. O. Address KC, 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.