

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8956**  
Registrar's No. **113**

FILED APR 5 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give ORL TOWN) <b>Independence</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City 3</b>	
c. LENGTH OF STAY (In this place) <b>5 days</b>		d. STREET ADDRESS (If rural, give location) <b>200 N. Home St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Independence Sanitarium</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Nina</b>	b. (Middle) <b>Lee</b>	c. (Last) <b>Wilson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 21, 1951</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Mar. 11, 1912</b>	9. AGE (In years last birthday) <b>39</b>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tabulator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>National Belles Hess</b>	11. BIRTHPLACE (State or foreign country) <b>Independence, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>James A. Wilson</b>	13b. MOTHER'S MAIDEN NAME <b>Bessie E. Smith</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>495 03 5609</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jas. A. Wilson</b>	ADDRESS <b>Kansas City 3, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Circulatory Failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Aortic Insufficiency</b> DUE TO (c) <b>Lytic Aortitis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>Independence Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>7:35 P.M.</b>	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 **Mar 15, 1951**, to **Mar 21, 1951**, that I last saw the deceased alive on **Mar 21, 1951**, and that death occurred at **7:35 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Harold V. Woods</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Independence Mo</b>	23c. DATE SIGNED <b>Mar 23-1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Mar. 24, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City 3, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Mar. 23-1951</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Independence, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0485

APR 8 1966

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 *John W. Nicoman*

Licensed Embalmer No. *4904*

P. O. Address *Independence,*

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.