

FILED JUN 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20781

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 281

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>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>	
c. LENGTH OF STAY (At this place) <u>5 Years</u>		d. STREET ADDRESS (If rural, give location) <u>317 So. Main.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>317 So. Main.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>HENRY</u> c. (Last) <u>WILSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 5th, 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>March 6, 1869</u>		9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 1 YEAR: Months <u>1</u> Days <u>29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Painting.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Simon B. Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Wilson.</u>	
14. NAME OF HUSBAND OR WIFE <u>Florence T. Wilson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Selma L. Greenwood</u>		ADDRESS <u>Indep. Mo</u>			

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 <u>3 1/2 years</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Esophagus</u>		DUE TO (b) <u>with generalized metastasis</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Otitis Media</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Otitis Media</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>150x</u>				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) (Min.)		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>May 21, 1952</u> to <u>June 5, 1952</u> , that I last saw the deceased alive on <u>June 3, 1952</u> and that death occurred at <u>2:55 Am</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>E. B. Holton, M.D.</u> (Degree or title)		23b. ADDRESS <u>310 S. Main, Independence</u>		23c. DATE SIGNED <u>6/5/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 6, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Spring Lane Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Oklahoma City, Okla.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dixon L. Kelly</u>		ADDRESS <u>Indep. Mo.</u>	

DATE REC'D BY LOCAL REG. <u>6-6-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		354	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUN 13 RECD

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

Rollie Kessel

Licensed Embalmer No. 4690

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.