

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39017**
5118
Registrar's No.

DEC 7 7 08 4
6 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**
c. LENGTH OF STAY (In this place) **life**
d. FULL NAME OF HOSPITAL OR INSTITUTION **General Hospital No. 1**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Jackson**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**
d. STREET ADDRESS (If rural, give location) **2500 Harrison**

34 58

3. NAME OF DECEASED
a. (First) **Richard Gene** b. (Middle) _____ c. (Last) **Wilson "B"**
4. DATE OF DEATH (Month) (Day) (Year) **11 11 52**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never married**
8. DATE OF BIRTH **11-8-52** 9. AGE (In years last birthday) **2** IF UNDER 1 YEAR: Months _____ IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **infant**
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) **Kansas City, Jackson, Missouri**
12. CITIZEN OF WHAT COUNTRY? **U. S.**

13a. FATHER'S NAME **Robert Wilson** 13b. MOTHER'S MAIDEN NAME **Mary Ellen Brown** 14. NAME OF HUSBAND OR WIFE **none**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no**
16. SOCIAL SECURITY NO. **none**
17. INFORMANT'S SIGNATURE OR NAME **Record Clerk-General Hospital No. 1** ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Prematurity**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH
770h

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Nov. 8**, 19 **52** to **Nov. 11**, 19 **52**, that I last saw the deceased alive on **Nov. 11**, 19 **52**, and that death occurred at **1:25 Am.**, from the causes and on the date stated above.

23a. SIGNATURE **Edward H. Strates** (Degree or title) _____ 23b. ADDRESS **24th & Cherry** 23c. DATE SIGNED **11-11-52**

24a. SERIALS CRYPTIC REMOVAL (Specify) _____ 24b. DATE **11-21-52** 24c. NAME OF CEMETERY OR CREMATORY **Leeds Cemetery** 24d. LOCATION (City, town, or county) (State) **Kansas City MO**

DATE REC'D BY LOCAL REG. **11-22-52** REGISTRAR'S SIGNATURE **Sheraldine Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **W. H. ...** ADDRESS **... MO**

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

Handwritten scribbles and marks in the top right corner.

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 _____

Not Embalmed

working under my personal supervision.

Student Embalmer No.

Signed.....

Handwritten signature of the licensed embalmer.

Signed.....
Student Embalmer

Licensed Embalmer No. *3089*

P. O. Address *110 9th*

- 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.