

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18329  
2325

State File No. ....

FILED MAY 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

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 township) <b>Kansas City</b>	c. LENGTH OF STAY (In this place) <b>2 YEARS</b>	c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>5929 Rockhill Road</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Wilkinson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 2 1953</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>	8. DATE OF BIRTH <b>FEB-6-1868</b>
9. AGE (In years last birthday) <b>85</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>PRIMGHAR, IOWA</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	13a. FATHER'S NAME <b>I. N. RERICK</b>	13b. MOTHER'S MAIDEN NAME <b>-</b>	14. NAME OF HUSBAND OR WIFE <b>FRANK B. WILKINSON</b>
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>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>DR. FRANK B. WILKINSON</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture Lt. Humerus</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arteriosclerosis generalis</b> <b>Pneumonia</b> 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 <b>9 days</b> <b>yes.</b> <b>2 days</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Fracture neck Lt. femur</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>K.C. Jackson Mo</b>	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>4-22-53</b>
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fell in back yard</b>		22. I hereby certify that I attended the deceased from <b>4-22, 1953</b> , to <b>5-2, 1953</b> , that I last saw the deceased alive on <b>5-1, 1953</b> and that death occurred at <b>1:00 A.M.</b> , from the causes and on the date stated above.
23a. SIGNATURE <b>Harold V. Zuber</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>K.C. Mo</b>	23c. DATE SIGNED <b>5-2-53</b>
24a. BURIAL CREMATION (REMOVAL) (Specify) <b>BURIAL</b>	24b. DATE <b>MAY 4 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WALDEN GROVE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>WEST BORO MISSOURI</b>
DATE REC'D BY LOCAL REG <b>5-4-53</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomer Sons</b>	
		ADDRESS <b>1331 BRUSH CREEK BLVD. Kansas City Mo.</b>	

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.....  
Signature of Student Embalmer

Signed *Elmer Thomas*.....

Licensed Embalmer No. *268*.....

P. O. Address *Kansas*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.