

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18334**

FILED JUN 9 1953

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1602** Registrar's No. **2714**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 6 MO.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4428 Jarboe		d. STREET ADDRESS (If rural, give location) 4428 Jarboe	

3. NAME OF DECEASED (Type or Print) a. (First) Kate b. (Middle) Wilson c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) May 27 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Nov. 8, 1869
9. AGE (In years last birthday) 83		<input type="checkbox"/> UNDER 1 YEAR Months Days	<input type="checkbox"/> UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Bellevue, Iowa
		12. CITIZEN OF WHAT COUNTRY? US	

13a. FATHER'S NAME Frank Capesius		13b. MOTHER'S MAIDEN NAME Margaret Porta		14. NAME OF HUSBAND OR WIFE John B. Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Rubu C. Jones, K. C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH STAT.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) VENTRICULAR FIBRILLATION		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO-SCLEROTIC HART DIS. DUE TO (c) CORONARY ARTERIOSCLEROSIS		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. OBESITY		19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION NONE		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		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) NONE		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 **Nov 1952**, to **May 27, 1953**, that I last saw the deceased alive on **May 27, 1953**, and that death occurred at **12:30** m., from the causes and on the date stated above.

23a. SIGNATURE ROCK J. BOOBY (Degree or title) M.D.		23b. ADDRESS 202 Poyz Line Bldg, KC 2, Mo.		23c. DATE SIGNED 5/28/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/28/1953		24c. NAME OF CEMETERY OR CREMATORY Cath. Cem. Sabula	
		24d. LOCATION (City, town, or county) Sabula, Iowa		(State)	

DATE REC'D BY LOCAL REG. 5-29-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gates Funeral Home, K. C. Kans.	
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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

Dr. Robt. S. Boc
Plaza time 3
J.E. 190
(10:AM.)

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

Jimmy S. Hubbs

Licensed Embalmer No. *4092*

P. O. Address

Missouri, Kan.

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.