

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43343**

FILED JAN 8 1954

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5588** Registrar's No. **489**

1. PLACE OF DEATH a. COUNTY Jackson (Rural Adv)		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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City (Rural Adv.)	
c. LENGTH OF STAY (In this place) 48 yrs		d. STREET ADDRESS (If rural, give location) 200 N. Home	
d. FULL NAME OF HOSPITAL OR INSTITUTION 200 N. Home St. (residence)			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) A	c. (Last) Wilson	4. DATE OF DEATH (Month) (Day) (Year) Dec. 23, 1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 3, 1877	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Car Inspector	10b. KIND OF BUSINESS OR INDUSTRY Union Tank Car Co.	11. BIRTHPLACE (City and State or Foreign Country) North Madison, Ind.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Wilson	13b. MOTHER'S MAIDEN NAME Margareta J. McCanse	14. NAME OF HUSBAND OR WIFE Bessie E. Wilson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If yes, give war or dates of service) Spanish American	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bessie E. Wilson	ADDRESS Kansas City, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 year 3 26 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Atherosclerosis		
	ANTECEDENT CAUSES Myocardial damage Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Reverse Arteriosclerosis		
	DUE TO (b) None		
	DUE TO (c) None		
	II. OTHER SIGNIFICANT CONDITIONS* High C. cholesterol & The Colon - Calculus		
	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION C.A. of the descending Colon 4/2014	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)
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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?
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22. I hereby certify that I attended the deceased from **Dec 17, 1953** to **Dec 23, 1953**, that I last saw the deceased alive on **Dec 21, 1953** and that death occurred at **4:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.H. Allen M.D.	23b. ADDRESS Independence, Mo	23c. DATE SIGNED Dec 23, 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/26/53	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 12-26-53	REGISTRAR'S SIGNATURE James A. Gray	25. FUNERAL DIRECTOR'S SIGNATURE Geo. C. Carson	ADDRESS Independence, Mo.
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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

Student Embalmer

Signed

Dean W. Huff

Licensed Embalmer No. *4914*

P. O. Address *Independence, Mo*

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.