

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22466**
3183

FILED AUG 11 1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. 3183		
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 OR TOWN Kansas City)		c. LENGTH OF STAY (In this place) 20 Yrs		c. CITY OR TOWN Kansas City		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 General Hospital No. 1				e. STREET ADDRESS (If rural, give location) 3575 52 3507 Paseo				
3. NAME OF DECEASED (Type or Print) a. (First) Sarah			b. (Middle) Alice		c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) 7 25 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 25 1875		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 2 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 _____		11. BIRTHPLACE (City and State or Foreign Country) Springfield, Ohio		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME John Clouse		13b. MOTHER'S MAIDEN NAME No record		14. NAME OF HUSBAND OR WIFE Otto Wilson				
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 Otto Wilson ADDRESS 3507 Paseo Kas. City, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uncompensated Diabetic acidosis				DUE TO (b) Diabetes				
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>								260X
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		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>July 24</u> , 19 <u>55</u> , to <u>July 25</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>July 25</u> , 19 <u>55</u> , and that death occurred at <u>3:30A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE B. I. Burns (Degree or title) D.				23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 7-25-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 27 1955	24c. NAME OF CEMETERY OR CREMATORY Elmwood		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 7-26-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE Mrs C.L. Forster ADDRESS Funeral Home Kas. City, Mo.				

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.....
Licensed Embalmer No. 359

P. O. Address.....

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.