

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40979**
5107

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>32 yrs</u>	c. CITY OR TOWN <u>Kansas City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>yes</u>	
		e. STREET ADDRESS (If rural, give location) <u>2746 Quincy</u>	

3. NAME OF DECEASED (Type or Print) <u>GLADYS MAE WILSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23, 1955</u>		
a. (First)	b. (Middle)	c. (Last)	8. DATE OF BIRTH <u>Jan. 17, 1889</u>	9. AGE (In years last birthday) <u>66</u>	10. CITIZEN OF WHAT COUNTRY? <u>USA</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Shelby County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u>			

13a. FATHER'S NAME <u>Geo. Rolla</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Knelly</u>		14. NAME OF HUSBAND OR WIFE <u>Jesse Wilson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jack Hughes, Independence, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		DUE TO (b) <u>Atherosclerosis</u>		<u>30 min</u>	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		<u>10 yr</u>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)				<u>4201</u>	

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) (Minute)		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 July, 1955, to Nov 23, 1955, that I last saw the deceased alive on Oct 13, 1955, and that death occurred at 12:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>D. M. Eubank</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Raytown, Mo</u>		23c. DATE SIGNED <u>11-23-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-26-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cem</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-24-55</u>		REGISTRAR'S SIGNATURE <u>Reva Marshall</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Gerson</u>		ADDRESS <u>Independence, Mo.</u>	

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 *Harold E. Kunkel*

Licensed Embalmer No. *46*

P. O. Address *Indpls. Ind.*

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.