

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27227

State File No.

3266

FILED AUG 27 1956

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>CARROLL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS City</u>		c. CITY OR TOWN <u>Bosworth</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 days</u>		e. STREET ADDRESS (If rural, give location) <u>Box 4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Lakeside Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>AMY</u> b. (Middle) _____ c. (Last) <u>Wilson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-26-56</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, (WIDOWED) DIVORCED (Specify) <u>2</u>	8. DATE OF BIRTH <u>Dec 29, 1874</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (What kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>HSWF.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Drafton, Ohio</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>Henry Castle</u>		13b. MOTHER'S MAIDEN NAME <u>Vashti Ferguson</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel E. 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</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mae Gaston, Bosworth, Mo</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Vascular Collapse</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Surgical shock</u> DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of hip (left)</u>			<u>20 yrs</u> <u>6 days</u>

19a. DATE OF OPERATION <u>7/26/56</u>	19b. MAJOR FINDINGS OF OPERATION. <u>Fracture of Proximal end of left femur</u>		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.) <u>at home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bosworth Carroll Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-21-56</u> m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fell on floor</u>	

22. I hereby certify that I attended the deceased from 7/28 1956, to 7/26 1956, that I last saw the deceased alive on 7/26 1956, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph A. Fogarty</u> (Degree or title)		23b. ADDRESS <u>5811 Truman K. 6. 26 Mo</u>		23c. DATE SIGNED <u>7/27/56</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-27-56</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Tina Missouri</u>	

DATE REC'D BY LOCAL REG. <u>7-27-56</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sheil Funeral Home F. O. No.</u>
-----------------------------------------	--------------------------------------------	------------------------------------------------------------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7th 3-7-11

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.....
Thomas R. Hill

Licensed Embalmer No. 495
P. O. Address K. L. M.

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.