

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31019**
Registrar's No. **4122**

FILED OCT 3 1956

BIRTH NO. **60588-5-L** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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) **Kansas City** c. LENGTH OF STAY (in this place) **27 days**
c. CITY OR TOWN **Kansas City** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **General #2** e. STREET ADDRESS (If rural, give location) **2424 1/2 Flora**

3. NAME OF DECEASED
a. (First) **David** b. (Middle) **Lee** c. (Last) **Wilson, Jr.** 4. DATE OF DEATH (Month) (Day) (Year) **Sept. 4, 1956**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) **never married** 8. DATE OF BIRTH **8-7-56** 9. AGE (in years last birthday) **27** If UNDER 1 YEAR: Months **27** Days **27** Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Infant** 10b. KIND OF BUSINESS OR INDUSTRY **none** 11. BIRTHPLACE (City and State or Foreign Country) **Kansas City, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **David Lee Wilson Sr.** 13b. MOTHER'S MAIDEN NAME **Pattie Childs** 14. NAME OF HUSBAND OR WIFE **none**

15. WAS DECEASED IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) **none** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Pattie Wilson, mother** ADDRESS **2424 1/2 Flora**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Immaturity due to prematurity**
ANTECEDENT CAUSES DUE TO (b) **Prematurity**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) **none**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
19a. DATE OF OPERATION **none** 19b. MAJOR FINDINGS OF OPERATION **none** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE - HOMICIDE (Specify) **none** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **none** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **none**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **none** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **none**

22. I hereby certify that I attended the deceased from **8-7-56**, 19___, to **9-4-56**, 19___, that I last saw the deceased alive on **9-4-56**, 19___, and that death occurred at **4:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **W. R. Peterson M.D.** 23b. ADDRESS **600 East 22nd Street** 23c. DATE SIGNED **9-14-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **Sept. 21-56** 24c. NAME OF CEMETERY OR CREMATORY **Leeds** 24d. LOCATION (City, town, or county) (State) **Kansas City, MO**

DATE REC'D BY LOCAL REG **9-19-56** REGISTRAR'S SIGNATURE **Neva Marshall** 25. FUNERAL DIRECTOR'S SIGNATURE **Wm. L. Johnson** ADDRESS **ITC MO**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
W. R. Peterson

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 not embalmed Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm A. Schuyler

Licensed Embalmer No. 3089

P. O. Address K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.