

FILED OCT 24 1956

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34333  
STATE FILE NUMBER 4353

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3428 CHARLOTTE</b>		Length of stay in 1b <b>13 YEARS</b>	d. STREET ADDRESS (If outside, give location) <b>500 3428 CHARLOTTE</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>LESTER</b> Middle <b>CASS</b> Last <b>WILSON</b>			4. DATE OF DEATH <b>OCT. 4 - 1956</b> Month Day Year		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>DEC-19-1896</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ASSISTANT SECURITY AGENT JUNIOR DAD.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>JUNCTION CITY KANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>CHARLES M WILSON</b>			14. MOTHER'S MAIDEN NAME <b>MINTA COOKSON</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <b>YES WORLD WAR I</b>		16. SOCIAL SECURITY NO. <b>500-38-1052</b>	17. INFORMANT Address <b>Mrs. FLORENCE A. WILSON 3428 CHARLOTTE ST. KANSAS CITY MO.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute coronary occlusion</b>					INTERVAL BETWEEN ONSET AND DEATH <b>few hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <b>April 1948</b> to <b>10/4/56</b> and last saw <del>her</del> <b>him</b> alive on <b>10/4/56</b> Death occurred at <b>12:15A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deed or title) <b>Cecil M. Kohn, M.D.</b>			22b. ADDRESS <b>630 Prop. Bldg.</b>		22c. DATE SIGNED <b>10/5/56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>OCT. 6 - 1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
24. FUNERAL DIRECTOR <b>D.W. NEW COWERS SONS</b>		ADDRESS <b>1331 K.O. MO. BRUSH CREEK PLVD</b>	25. DATE RECD. BY LOCAL REG. <b>10-6-56</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Cecil M. Kohn, M.D.

000  
-56  
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *E. Everett L. Smith*.....

Licensed Embalmer No. *500*

P. O. Address *K.C.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.