

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38312

STATE FILE NUMBER

4760

FILED NOV 28 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4760

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>Carroll</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>Carrollton</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Research Hosp.</b>		Length of stay in 1b <b>3 days</b>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>JACKSON</b> <sup>First</sup> <b>WILCOXSON</b> <sup>Last</sup>			4. DATE OF DEATH <b>11</b> <sup>Month</sup> <b>3</b> <sup>Day</sup> <b>56</b> <sup>Year</sup>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan 22, 1882</b>	9. AGE (In years last birthday) <b>74</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>Farm Mgr.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Carrollton, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>John Isaac Wilcoxson</b>			14. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Simmons</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-10-5264</b>	17. INFORMANT <b>James Wilcoxson, Carrollton mo</b> Address		
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 Cerebral Anoxia in convulsive seizure</b> DUE TO (b) <b>Ventricular Fibrillation</b> DUE TO (c) <b>Coronary Artery Insufficiency</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I (a) - <b>Coronary Artery and General Vascular Sclerosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 min.</b> <b>5 min.</b> <b>2 years</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
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>Jan. 10, 1956</b> to <b>Nov. 3, 1956</b> and last saw him alive on <b>Nov 3, 1956</b> Death occurred at <b>5:00 p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Graham Asher M.D.</b>			22b. ADDRESS <b>1270 Professional Bldg. Kansas City 6 - Mo.</b>		22c. DATE SIGNED <b>11-3-1956</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>11/3/1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill</b>		23d. LOCATION (City, town, or county) (State) <b>Carrollton, Missouri</b>
24. FUNERAL DIRECTOR <b>Stine &amp; McClure</b>		ADDRESS <b>3235 Gilpham Plaza</b>		25. DATE RECD. BY LOCAL REG. <b>11-3-56</b>	26. REGISTRAR'S SIGNATURE <b>Irene Marshall</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Graham Asher

Health, Welfare, Public Service  
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-56  
0  
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Every coroner, but must be duly qualified. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be casually 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 *Elmo D. Tipton*.....

Licensed Embalmer No. *48*.....

P. O. Address *Kansas City*.....

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.