

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5104

STATE FILE NUMBER

FILED MAR 6 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 818

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|--|--|--|---|
| 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, give TOWNSHIP only) OR KANSAS CITY TOWN | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR KANSAS CITY TOWN 45th TOWN |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2705 Wyoming | | Length of stay in 15 3yrs. | d. STREET ADDRESS (If outside, give location) 2705 Wyoming |
| | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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|--|----------------------------------|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) Charles Wyse | | | 4. DATE OF DEATH Month 2 Day 15 Year 57 | | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH May 1, 1897 | 9. AGE (In years last birthday) 59yrs. | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Odd Jobs | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Park Gould, Ark. | | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13. FATHER'S NAME Charlie Wyse | | | 14. MOTHER'S MAIDEN NAME Mattie Johnson | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI | | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT Address Mrs. T. A. Lewis, DeSota, Kansas | | |

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|---|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stab Wounds Chest | | INTERVAL BETWEEN ONSET AND DEATH 298^{hrs} |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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|---|----------------------------------|--|---|---|---|
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input checked="" type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Stabbed with an ice pick | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Year _____ a. m. _____ p. m. 2-15-57 | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home | 20f. CITY, TOWN, OR LOCATION Kann City | COUNTY Jackson | STATE MO |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Hugh H. Owens (Degree or title) 3 | | | 22b. ADDRESS 1034 Rio Vista Blvd | | 22c. DATE SIGNED 2-16-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 2/25/1957 | 23c. NAME OF CEMETERY OR CREMATORY National Cemetery | | 23d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Kansas | |
| 24. FUNERAL DIRECTOR Let. Davis | | ADDRESS K. C. Mo. | | 25. DATE RECD. BY LOCAL REG. 2-20-57 | 26. REGISTRAR'S SIGNATURE new munsell |

(Licensed Embalmer's Statement on Reverse Side)

health, welfare, public service
 300-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms which are characteristic of diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Landis H. Jackson*

Licensed Embalmer No. *48*

P. O. Address *Rt 2*

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.