

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 8 - 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>North K.C.</u>	c. LENGTH OF STAY (In this place) <u>3 1/2 yrs</u>	c. CITY OR TOWN <u>North K.C. 6001</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2125 CLAY ST.</u>		e. STREET ADDRESS (If rural, give location) <u>2125 CLAY ST</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u> b. (Middle) <u>Lillie</u> c. (Last) <u>WILKERSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-23-57</u>
5. SEX <u>F</u> 6. COLOR OR RACE <u>W</u> 7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Jan 6, 1879</u> 9. AGE (In years last birthday) <u>78</u> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) <u>Louisville Ky.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Adolphus Morris</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Burke Price Wilkerson</u>	14. NAME OF HUSBAND OR WIFE _____
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>Price Wilkerson of the home</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 MIN.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIO SCLEROTIC HEART DIS.</u>		<u>OVER 4 WEEKS</u>
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CONGESTIVE FAILURE 4 weeks ago CORONARY INSUFFICIENCY SEPT. 1956</u>		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>Y</u> 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.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4200</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from SEPTEMBER 1956, to MARCH 23, 1957, that I last saw the deceased alive on MARCH 21, 1957, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. Comer Bates M.D.</u>	23b. ADDRESS <u>329 Armour Road North Kansas City Mo.</u>	23c. DATE SIGNED <u>3/25/57</u>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-26-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>3-26-57</u>	REGISTRAR'S SIGNATURE <u>Marquette Judgens</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Newcomer Louis N.K.C. Mo.</u>
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

494-0



**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 *Sherrill H. Hill* .....

Licensed Embalmer No. *4586*

P. O. Address *K.C. 16, 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.