

FILED MAY 7 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

129997

STATE FILE NUMBER

1810

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1810

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>GENERAL NO 2</u>			Length of stay in lb <u>4 yrs.</u>	d. STREET ADDRESS <u>1806 1/2 Forest</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>WILSON</u> Middle <u>BOLDEN</u> Last <u>BOLDEN</u>				4. DATE OF DEATH Month <u>April</u> Day <u>15</u> Year <u>1957</u>				
5. SEX <u>Male</u> ²		6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 21, 1920</u>		9. AGE (In years last birthday) <u>37 yrs.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>USA</u>	11. BIRTHPLACE (City and state or country) <u>Little Rock, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>Unknown</u>				14. MOTHER'S MAIDEN NAME <u>unknown</u>				
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>431-54-0331</u>	17. INFORMANT Address <u>Barbara Perry 1806 1/2 Forest (Friend)</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary congestion + Edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Broncho-Pneumonia</u> DUE TO (c) <u>Auto-Traffic Trauma</u>							INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2 to 2 1/2</u>	
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"/>					
20a. ACCIDENT <input checked="" 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.) <u>Don't know, 2 car collision</u>					
20c. TIME OF INJURY Hour <u>7:25</u> Month <u>4</u> Day <u>12</u> Year <u>57</u> p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <u>Auto-Traffic accident.</u>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>2 1/4 My near Buckner, mo</u>			20f. CITY, TOWN, OR LOCATION <u>Buckner, Jackson, MO.</u>		20g. COUNTY <u>JACKSON</u>			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>L. M. Tillman</u> Deputy Coroner				22b. ADDRESS <u>1618 Lydia Ave</u>		22c. DATE SIGNED <u>4/16/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>4/19/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>-</u>		23d. LOCATION (City, town, or county) <u>Little Rock, Arkansas</u>			
24. FUNERAL DIRECTOR <u>WATKINS BROS. FN. HM. 18th & Benton</u>				25. DATE RECD. BY LOCAL REG. <u>4-18-57</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		

MEDICAL CERTIFICATION

L. M. Tillman

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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 *Bruce P. Watkins*

Licensed Embalmer No. *450*
P. O. Address *18th & K*

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.