

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 8 1957

57 0 2 1 4 5 3  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2875

1. PLACE OF DEATH a. COUNTY <u>JACKSON COUNTY, MISSOURI</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City, Missouri</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City, Kansas</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR VETS. ADM. HOSPITAL INSTITUTION <u>KANSAS CITY, MO.</u>			Length of stay in 1b <u>1 mo.</u>	STREET ADDRESS <u>336 N. Valley</u>	
3. NAME OF DECEASED (Type or print) <u>WILLIAM ALFRED WILSON</u>			First <u>William</u> Middle <u>Alfred</u> Last <u>Wilson</u>	4. DATE OF DEATH <u>June 18 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4-17-94</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN.</u>	11. BIRTHPLACE (City and state or country) <u>Stillwell, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>William T. Wilson</u>			14. MOTHER'S MAIDEN NAME <u>Clemenza Wear</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>486 09 6644</u>	17. INFORMANT <u>VAH, KANSAS CITY, MISSOURI</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>Acute mediastinitis with large abscess formation</u> <u>Acute pericarditis</u> DUE TO (b) <u>Perforation of esophagus</u> DUE TO (c) <u>Carcinoma of the middle third of the esophagus</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <u>150x</u>
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 <u>a. m.</u>	Month <u>p. m.</u>	Day <u></u>	Year <u></u>	
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 <u>5-17-57</u> to <u>6-18-57</u> and last saw <u>HEK</u> him alive on <u>6-18-57</u> Death occurred at <u>8:20 a.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Edmond Yunis, M.D.</u>			22b. ADDRESS <u>VAH, Kansas City, Missouri</u>		22c. DATE SIGNED <u>6-18-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-21-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park, K.C., Mo.</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>		
24. FUNERAL DIRECTOR <u>W. H. ...</u>		ADDRESS <u>...</u>	25. DATE RECD. BY LOCAL REG. <u>6-19-57</u>	26. REGISTRAR'S SIGNATURE <u>W. H. ...</u>	

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

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

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 Robert E. Keane

Licensed Embalmer No. 40

P. O. Address A. P. 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.