

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 5 1957

36238  
STATE FILE NUMBER  
4897

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

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>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3238 EAST 28<sup>TH</sup> ST.</u>		d. STREET ADDRESS (If outside, give location) <u>3238 EAST 28<sup>TH</sup> STREET</u>	
Length of stay in lb <u>33 yrs.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>CLARENCE EUGENE WILSON</u>			4. DATE OF DEATH Month Day Year <u>OCTOBER 21 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>AUG. 31 1890</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BOARD OF EDUCATION</u>		11. BIRTHPLACE (City and state or country) <u>BATES COUNTY, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>MATERSON</u>		13b. MOTHER'S MAIDEN NAME <u>MINNIE BUTLER</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. MARGARET WILSON</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>493-12-0429</u>		17. INFORMANT <u>MRS. LETTIA COOK WILSON</u> Address <u>3238 EAST 28<sup>TH</sup> ST. KANSAS CITY, MO.</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>Cerebral Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Approx 1 yr.</u> <u>H200</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>			
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 type="checkbox"/> NO <input checked="" type="checkbox"/>

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 Month, Day, Year a.m. p.m.					

20d. INJURY OCCURRED WHILE AT <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>March 1957</u> to <u>Oct. 1957</u> and last saw her alive on <u>9-14-57</u>		Death occurred at <u>6:15 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>John W. Cashman, M.D.</u> (Degree or title)		22b. ADDRESS <u>535 Maple Blvd. KCMO</u>		22c. DATE SIGNED <u>10/21/57</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>OCT. 24 1957</u>		23c. NAME OF CEMETERY OR CREMATORIUM <u>OAK HILL CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>BUTLER, MISSOURI</u>	
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24. FUNERAL DIRECTOR <u>D.W. NEWCOMER &amp; SONS</u>		ADDRESS <u>1331 BAUSH CREEK KANSAS CITY, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>10-22-57</u>		26. REGISTRAR'S SIGNATURE <u>Neva Mitchell</u>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

John W. Cashman

EX-101-101



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 *Albert L. Savage*

Licensed Embalmer No. *4812*  
P. O. Address *Hanson City,*

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.