

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1555

STATE FILE NUMBER

FILED JAN 23 1958

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 18

Health,
Welfare
Public
Service

300
1-56

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kirby N. H 819 So. Main		Length of stay in 1b 50 Yrs.	d. STREET ADDRESS 1903 Norton		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ina Middle Lucille Last Wilson			4. DATE OF DEATH Month Jan. Day 9 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 9 1894		9. AGE (In years last birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bindery		10b. KIND OF BUSINESS OR INDUSTRY Printing Co		11. BIRTHPLACE (City and state or country) Cambridge Missouri	
13. FATHER'S NAME Stephen Lee Mayfield			14. MOTHER'S MAIDEN NAME Amanda Dennis		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490 24 4921		17. INFORMANT Address Mr. Charles Wilson 1903 Norton Indep. Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Arteriosclerotic cardiovascular disease DUE TO (c) 4201 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Diabetes melitus - Cardiovascular Renal Syndrome					INTERVAL BETWEEN ONSET AND DEATH 6 hr. ?
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 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 Sept 10 '57 to Jan 9-58 and last saw her alive on Jan 9-58 Death occurred at Jan 9, 1958 2:10 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE M. L. Whitton, D.O.		(Degree or title)		22b. ADDRESS Independence, MO	
22c. DATE SIGNED 1-11-58					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-11-1958		23c. NAME OF CEMETERY OR CREMATORY Floral Hills	
23d. LOCATION (City, town, or county) (State) Kansas City Missouri					
24. FUNERAL DIRECTOR ADDRESS Floral Hills Mem. Chapels, Inc K. C. Mo			25. DATE RECD. BY LOCAL REG. 1-11-58		26. REGISTRAR'S SIGNATURE [Signature]

JAN 23 1958

*Wm. H. ...
130pm*

JAN 22 1958

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 *W. H. ...*

Licensed Embalmer No. *137*

P. O. Address *...*

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.