

FILED MAR 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005949

STATE FILE NUMBER 923

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

300 3
-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <i>3024 Snye Parkway</i>		Length of stay in 1b <i>40 yrs.</i>	d. STREET ADDRESS (If outside, give location) <i>4218 E. 62nd St.</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Clarence</i> Middle <i>A.</i> Last <i>Wilcoxen</i>			4. DATE OF DEATH Month <i>2</i> - Day <i>19</i> - Year <i>58</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>2-25-1891</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Taxi Driver</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Yellow Cab Co.</i>	9. AGE (In years last birthday) <i>66</i>
11. BIRTHPLACE (City and state or country) <i>Oklahoma</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>Noah Wilcoxen</i>		13b. MOTHER'S MAIDEN NAME <i>Ada Gallahar</i>	
14. NAME OF HUSBAND OR WIFE <i>Stella Wilcoxen</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>495-09-2659</i>		17. INFORMANT <i>Stella Wilcoxen</i> Address <i>Same</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Stroke & hemorrhage resulting from fractured cervical spine, crushing of vertebrae resulting in fracture of RT leg</i>			INTERVAL BETWEEN ONSET AND DEATH
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.) <i>car struck leg</i>	
20c. TIME OF INJURY <i>5:15 p.m. 2-19-58</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>street</i>		20f. CITY, TOWN, OR LOCATION <i>Lawrenceville, Jackson</i> COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Clarence A. Wilcoxen</i> (Degree or title)		22b. ADDRESS <i>6627 Pleasant St</i>	
22c. DATE SIGNED <i>2-20-58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
<i>Burial</i>		23b. DATE <i>2-22-58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Forest Hill</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo.</i>	
24. FUNERAL DIRECTOR <i>Wickert: 6900 Troost: K.C. Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>2-20-58</i>	
26. REGISTRAR'S SIGNATURE <i>vera minshall</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 *B. E. Wulst*

Licensed Embalmer No. *4075*
P. O. Address *K.C. 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.