

FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010282  
STATE FILE NUMBER

Registration-District No. 149 Primary Registration District No. 1002 Registrar's No. 1265

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Little Sisters Home</b>		Length of stay in lb <b>6 years</b>	d. STREET ADDRESS (If outside, give location) <b>5331 Highland</b>
3. NAME OF DECEASED (Type or print) <b>Mrs Helen Wilson</b>		First <b>Helen</b> Middle <b>Wilson</b> Last <b>Wilson</b>	4. DATE OF DEATH Month <b>March</b> Day <b>5</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>app. 80</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>—</b>
13a. FATHER'S NAME <b>No record</b>		13b. MOTHER'S MAIDEN NAME <b>No record</b>	14. NAME OF HUSBAND OR WIFE <b>—</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT Address <b>T. E. Quirk 43 16 Proost.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Interstitial Nephritis</b> DUE TO (b) <b>Atherosclerosis</b> DUE TO (c) <b>—</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Benign Prostatic Hypertrophy</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b> <b>20 yrs</b> <b>11/67</b>
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>3/19/52</b> to <b>3/5/58</b> and last saw her alive on <b>3/3/58</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Joseph G. Fogarty</b> (Degree or title)		22b. ADDRESS <b>5811 Turner Plt C26 Mo</b>	22c. DATE SIGNED <b>3/6/58</b> (State)
23a. BURIAL, CREMATION, or REMOVAL (Specify)	23b. DATE <b>March 8, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Newton, Kans.</b>	23d. LOCATION (City, town, or county) <b>Newton, Kas.</b>
24. FUNERAL DIRECTOR <b>T. E. Quirk</b> ADDRESS <b>K.C., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-8-58</b>	26. REGISTRAR'S SIGNATURE <b>neva minshall</b>

Joseph A. Fogarty 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 *Thomas D. [Signature]*

Licensed Embalmer No. 3772  
P. O. Address *[Signature]*

**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.**