

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010283
STATE FILE NUMBER
1177

FILED MAR 19 1958

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

300
1-57

| | | | |
|--|----------------------------------|---|---|
| 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 KANSAS CITY | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN KANSAS CITY |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL | | Length of stay in lb 9 YEARS | d. STREET ADDRESS (If outside, give location) 3640 VIRGINIA AVENUE |
| 3. NAME OF DECEASED (Type or print) First Middle Last JAMES L. WILSON | | | 4. DATE OF DEATH Month Day Year MARCH 3-1958 |
| 5. SEX MALE | 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 JUNE 7, 1885 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED | | 10b. KIND OF BUSINESS OR INDUSTRY VIRGINIA DRUG | 11. BIRTHPLACE (City and state or country) BURNET, TEXAS |
| 13a. FATHER'S NAME IRA WILSON | | 13b. MOTHER'S MAIDEN NAME MAGGIE WATERS | 14. NAME OF HUSBAND OR WIFE MAUDE WILSON |
| 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. 461-05-8164 | 17. INFORMANT Address MRS. MAUDE WILSON 3640 VIRGINIA AVE KANSAS CITY, 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) Retro peritoneal Hemorrhage | | | INTERVAL BETWEEN ONSET AND DEATH 4 hours |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Rupture of Aneurysm of Abdominal Aorta | | | 7 Months |
| DUE TO (c) Coronary Arterial Sclerosis | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | |
| 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 1-5-58 to 3-3-58 and last saw him alive on 3-3-58 Death occurred at 8:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Myron D. Jones, D.O. | | 22b. ADDRESS 926 E. 11th St | 22c. DATE SIGNED 3-4-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE MAR 4 1958 | 23c. NAME OF CEMETERY OR CREMATORY PRAIRIE VIEW CEM. | 23d. LOCATION (City, town, or county) (State) ARANSAS PASS TEXAS |
| 24. FUNERAL DIRECTOR D.W. NEWCOMER SONS | | ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO. | 25. DATE RECD. BY LOCAL REG. 3-4-58 |
| | | | 26. REGISTRAR'S SIGNATURE Irene Marshall |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Myron D. Jones

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 *E. O. Nelson*

Licensed Embalmer No. *4421*.....

P. O. Address *Kansas 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.