

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014530
STATE FILE NUMBER

FILED MAY 2 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1922

5. 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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOCTORS HOSP.			Length of stay in 1b HOSPITAL OR INSTITUTION 40 YEARS		d. STREET ADDRESS (If outside, give location) 4127 FOREST AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last BESSIE JOSEPH WILCOX				4. DATE OF DEATH Month Day Year APRIL 11, 1958					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> & DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 7, 1885		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTHPLACE (City and state or country) BRUNSWICK, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME JOHN WILLIAMS			13b. MOTHER'S MAIDEN NAME MARY ANN KNOX			14. NAME OF HUSBAND OR WIFE REV. D. B. WILCOX			
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. 486-01-5029		17. INFORMANT MRS. PAULINE J. HARPER		Address 4127 FOREST 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) Hypo static Pneumonia about 24 hrs. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Bronchogenic Carcinoma 1 yr. DUE TO (c) 1621 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Kansas City, Jackson		COUNTY MO		STATE	
21. I attended the deceased from Feb 26, 1958, to April 10, 1958 and last saw her alive on April 10, 1958 Death occurred at 1:55 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) A. B. Boyer D.O.				22b. ADDRESS 5529 West Kemper		22c. DATE SIGNED 4/11/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE April 14, 1958	23c. NAME OF CEMETERY OR CREMATORY Elliott Grove Cem.			23d. LOCATION (City, town, or county) (State) BRUNSWICK, MISSOURI			
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS			ADDRESS K. C., MO.		25. DATE RECD. BY LOCAL REG. 4-14-58		26. REGISTRAR'S SIGNATURE Reva Marshall		

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

A. B. Boyer



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 *Marvin D. Preston*

Licensed Embalmer No. *5040*

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.