

FILED MAY 9 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014544
STATE FILE NUMBER
1982

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 1982

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 Lakeside Hospital			Length of stay in lb 55 yrs.		d. STREET ADDRESS (If outside, give location) 3437 Troost		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Wilbert Middle Good Last Wilson				4. DATE OF DEATH Month April Day 15 Year 1958					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Mar. 31 1904		9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and state or country) Ohio		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Otto Wilson			13b. MOTHER'S MAIDEN NAME Sarah Alice Clause			14. NAME OF HUSBAND OR WIFE Mildred			
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. 495-03-1889		17. INFORMANT Address Mrs Frances Humphry (sister) Parkville 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) Carcinoma of Pancreas						INTERVAL BETWEEN ONSET AND DEATH 6 mo			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Diabetes Mellitus						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <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 4/2/58 to 4/15/58 and last saw ^{her} him alive on 4/15/58 Death occurred at 8:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Joseph A. Fogarty</i>				22b. ADDRESS 5811 Sunnyside Rd. No. 3		22c. DATE SIGNED 4/17/58			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
burial		Apr. 17 1958		Elmwood		Kansas City, Missouri.			
24. FUNERAL DIRECTOR Mrs C.L. Forster Funeral Home Inc.				25. DATE RECD. BY LOCAL REG. 4.17.58		26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>			
918 Brooklyn Kas. City, Mo.				(Licensed Embalmer's Statement on Reverse Side)					

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.

Joseph A. Fogarty, M.D. MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

2:30 pm

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 *John T. Henrich*
Licensed Embalmer No.
P. O. Address *2130 pm*

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.