

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044496

STATE FILE NUMBER 5757

FILED DEC 30 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 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10th & McGee Streets		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) 3601 Belleview Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First SENATOR Middle FRANK Last LEE WILKINSON	4. DATE OF DEATH Month December Day 3 Year 1958
---	---

5. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	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 Aug. 30, 1888	9. AGE (In years less birthday) 70	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
---	-------------------------------	---	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawmaker	10b. KIND OF BUSINESS OR INDUSTRY Politics	11. BIRTHPLACE (City and state or country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	--	--	--

13a. FATHER'S NAME Francis Lee Wilkinson	13b. MOTHER'S MAIDEN NAME Myrtle J. Fequa	14. NAME OF HUSBAND OR WIFE Frances S. Wilkinson
--	---	--

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. 495-09-0291	17. INFORMANT Mrs. Frances S. Wilkinson Address 3601 Belleview
--	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 10 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Sclerosis	
	DUE TO (c) Diabetes	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) 4201
---	---

20c. TIME OF INJURY Hour 12:00 Month Dec Day 6 Year 1958 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -3-	20f. CITY, TOWN, OR LOCATION KC MO	COUNTY MO	STATE MO
---	--	--	---------------------	--------------------

21. I attended the deceased from Death occurred at 12:00 P.M. 1958 to 12:00-58 and last saw him alive on 12-2-58 m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <i>W. M. Ketcham</i> (Degree or title) MD	22b. ADDRESS KC MO	22c. DATE SIGNED 12-5-58
--	------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 6, 1958	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
--	----------------------------------	---	---

24. FUNERAL DIRECTOR Stine & McClure Und. Co., K.C., Mo.	25. DATE RECD. BY LOCAL REG. 12-5-58	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>
--	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

W. M. Ketcham

800 827 10

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 Elmo D. Zippert

Licensed Embalmer No. 4817

P. O. Address Kansas City, 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.