

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000651

STATE FILE NUMBER

FILED JAN 13 1959 Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 5

| | | | |
|---|----------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Mo Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>100-f Hospital</u> Length of stay in lb <u>15 Mo</u> | | d. STREET ADDRESS (If outside, give location) <u>2300 Erie</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>DAVID</u> Middle <u>Wilkie</u> Last <u>Wilkie</u> | | | 4. DATE OF DEATH Month <u>Jan</u> Day <u>5</u> Year <u>1958</u> |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-31-1881</u> |
| 9. AGE (In year last birthday) <u>77</u> | | IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u> | IF UNDER 24 HRS. Hours <u>7</u> Min. <u>7</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Stone mason</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u> | 11. BIRTHPLACE (City and state or country) <u>Gundee Scotland</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>David Wilkie</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Clark</u> | 14. NAME OF HUSBAND OR WIFE <u>Ruck M Wilkie</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>487-01-2296</u> | 17. INFORMANT Address <u>Stephen Pratt</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro-vascular accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Nephritis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>593X</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>5 years</u> <u>20 years</u> |
| 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 <u>3:20</u> Month, Day, Year <u>1955</u> | | | |
| 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 Death occurred at <u>3:20</u> <u>1955</u> and last saw him alive on <u>1/5/59</u> | | | |
| 22a. SIGNATURE (Degree or title) <u>R.D. Dwyer M.D.</u> | | 22b. ADDRESS <u>No. Kansas City, Missouri</u> | 22c. DATE SIGNED <u>1/5/59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Jan 8-59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt Washington</u> | 23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>C.W. Newcomer Sons</u> | | 25. DATE REG. BY LOCAL REG. <u>Mo. 1-7-59</u> | 26. REGISTRAR'S SIGNATURE <u>Mabel Strahan</u> |

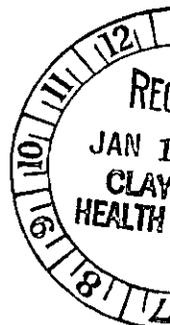
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

R.D. Dwyer

APR
1 1959



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 *Glenn H. Hill*

Licensed Embalmer No. *4586* ..
P. O. Address *K.C. 16. 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.