

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048845

FILED VS. JAN 24 1961

DEED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6677 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived.) Institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jackson City</u> Length of stay in lb <u>Life</u>		c. CITY OR TOWN <u>Jackson 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>General Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2326 Troost</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>WILCOX</u> Middle <u>LEE</u> Last <u>Wilcox</u>		DATE OF DEATH Month <u>12</u> Day <u>27</u> Year <u>60</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-20-1903</u>
9. AGE (last birthday) <u>57</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>car dryer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Car Wash</u>	11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>		13a. FATHER'S NAME <u>John Harris</u>	
13b. MOTHER'S MAIDEN NAME <u>Bell</u>		14. NAME OF HUSBAND OR WIFE _____	
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>487-16-8990</u>	17. INFORMANT <u>Victor H. Wilcox</u> Address <u>2326 Troost</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>Vascular Shock</u> DUE TO (b) <u>etiology UNKNOWN</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>11/18/60</u> to <u>12/27/60</u> and last saw her <u>12-27-1960</u> alive on _____ Death occurred at <u>11:40</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>[Signature]</u> (Degree or title) _____	
22b. ADDRESS <u>2400 Cherry City</u>		22c. DATE SIGNED <u>12/29/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>1-17-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>
24. FUNERAL DIRECTOR <u>E. Sterling Hills</u> ADDRESS <u>1212 1/2 mile N.W. 2nd</u>	25. DATE REG. BY LOCAL REG. <u>1-5-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. Sterling Bell

Licensed Embalmer No. 3178

P. O. Address 1212

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to  
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.