

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025571

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3489 STATE FILE NUMBER

FILED JUL 28 1961

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kan.</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas city</u>		Length of stay in 1b <u>12 days</u>	c. CITY OR TOWN <u>Overland Park</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>Trinity Lutheran Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>6706 Glenwood</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Edith</u> Middle <u>Rea</u> Last <u>Wilson</u>	4. DATE OF DEATH Month <u>July</u> Day <u>11</u> Year <u>1961</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>Oct 18 1881</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Vice President</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Publishing</u>	11. BIRTHPLACE (City and state or country) <u>Quincy Ill.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>Isaac N. Barrick</u>	13b. MOTHER'S MAIDEN NAME <u>Ida M. Fleming</u>	14. NAME OF HUSBAND OR WIFE <u>Lewis H. Wilson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
no

INFORMANT Barrick Wilson Shawnee mission Address 5602 Fairway

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>Myocardial Infarction</u>	INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>
DUE TO (b) <u>Coronary thrombosis</u>	<u>8 hours</u>
DUE TO (c) <u>Coronary artery arteriosclerosis</u>	<u>unknown</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Generalized arteriosclerosis  
Encephalomalacia

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

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.)
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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 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 _____
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21. I attended the deceased from June 14, 1961 to July 11, 1961 and last saw her living alive on July 10, 1961  
Death occurred at 4:45 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Charles T. Long, M.D.</u>	22b. ADDRESS <u>7501 Mission Road Overland Park, Kansas, Mo.</u>	22c. DATE SIGNED <u>7-12-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 13 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas city Mo.</u>
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24. FUNERAL DIRECTOR <u>Hoge Funeral Home,</u>	ADDRESS <u>Overland Park, Ks.</u>	25. DATE RECD. BY LOCAL REG. <u>7-12-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>
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AMENDED  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

**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 J. Royce Hoyle

Licensed Embalmer No. 3579

P. O. Address W. Ward Paul

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.