

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033196

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4848

STATE FILE NUMBER

FILED OCT 11 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>JACKSON</u>	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>JACKSON</u>
Length of stay in 1b <u>26 YRS</u>		c. CITY OR TOWN <u>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>6621 E 18th.</u>		d. STREET ADDRESS <u>6621 E 18th.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>DOLORES JEAN WILSON</u>	Middle	Last	4. DATE OF DEATH	Month <u>9</u>	Day <u>28</u>	Year <u>61</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-4-1929</u>	9. AGE (last birthday) <u>32</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>ATCHISON, KAN.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>CHARLES E. WILSON</u>	13b. MOTHER'S MAIDEN NAME <u>ROSE M. PAUL</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</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) <u>No.</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>CHASE WILSON 6621 E. 18th.</u>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a)	<u>Coronary Occlusion</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	<u>3-23-61</u>
	<u>Coronary Artery Insufficiency</u>	
	DUE TO (c)	<u>?</u>
	<u>Arteriosclerosis Coronary Arteries</u>	

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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
<u>Obesity 292+</u>	

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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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 8-18-54 to 9-28-61 and last saw her alive on 9-18-61
Death occurred at approx 1:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. M. Haight M.D.</u>	Degree or title	22b. ADDRESS <u>3401 E 12th KC Mo</u>	22c. DATE SIGNED <u>9-29-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>9-29-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET, CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, Mo.</u>
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24. FUNERAL DIRECTOR <u>SHEIL FUNERAL HOME K.C. Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>9-29-61</u>	26. REGISTRARS SIGNATURE <u>Ruth Long</u>
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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

M. Haight

THIS RECORD ARE AS FOLLOWS

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 Thomas A. Shier

Licensed Embalmer No. 4854

P. O. Address KC 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.