

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033199

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4250 STATE FILE NUMBER

AMENDED

FILED OCT 4 1961

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		Length of stay in 1b 2 weeks	c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K.C. Osteopathic Hosp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2004 Overton		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First RAY Middle A. Last WILSON			4. DATE OF DEATH Month Sept Day 21 Year 1961			
5. SEX Male	6. COLOR OR RACE White	7. Marital Status Married Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-18-1888	9. AGE (last birthday) 73 IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HR: Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ford Motor Co.		10b. KIND OF BUSINESS OR INDUSTRY Automobile	11. BIRTHPLACE (City and state or country) Larned Kansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Wilson		13b. MOTHER'S MAIDEN NAME Mary Taylor		14. NAME OF HUSBAND OR WIFE Pearl Wilson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO. WWT	17. INFORMANT Pearl Wilson Address Independence, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial failure DUE TO (b) Tuberculosis DUE TO (c) adenocarcinoma of stomach PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Sub total Gastric Resection 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					INTERVAL BETWEEN ONSET AND DEATH	
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Jan 1 - 1961 to Sept. 21 - 61 and last saw her alive on Sept. 21, 1961 Death occurred at Sept 21 @ 11:10P on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) J. W. Higgins D.O.		22b. ADDRESS 2140 Hi Way + Blue Ridge cutoff Independence Mo 9/22/61	22c. DATE SIGNED 9/22/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 25, 1961	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington	23d. LOCATION (City, town, or county) (State) Independence, Missouri			
24. FUNERAL DIRECTOR Roland R. Speaks		ADDRESS Independence, Mo.	25. DATE RECD. BY LOCAL REG. 9-23-61	26. REGISTRAR'S SIGNATURE Ruth Long		

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
Higgins
ITEM NO. SHOULD READ

OCT 13 1961

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 Wayne Smith

Licensed Embalmer No. 5081

P. O. Address Indep. GM

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.