

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045163

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5986

STATE FILE NUMBER

FILED DEC 18 1961

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>16 WKS</u>	c. CITY OR TOWN <u>Independence</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>J. C. Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>615 N. Main</u>
3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>W.</u> Last <u>Wilson</u>		4. DATE OF DEATH Month <u>11</u> Day <u>24</u> Year <u>61</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>4-11-1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Storekeeper - variety</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bonaparte,</u>	9. AGE (last birthday) <u>89</u>
11. BIRTHPLACE (City and state or country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robt. Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Taylor.</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah F. Wilson sec.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs. Ernest Hedrick - Indep. Mo.</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>Arteriosclerotic Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 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>8-7-61</u> to <u>11-24-61</u> and last saw him alive on <u>11-23-61</u> Death occurred at <u>1130</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <u>J. P. McCalla M.D.</u>		22b. ADDRESS <u>Jackson Co. Hospital Kansas City Mo.</u>	22c. DATE SIGNED <u>11-24-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial Nov. 27, 1961</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>	23d. LOCATION (City, town, or county) <u>Indep. Mo.</u>
24. FUNERAL DIRECTOR <u>Otto Mitchell - Ind. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-28-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

P. McCalla

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 Henry S. Mitchell

Licensed Embalmer No. 39257

P. O. Address Indep. 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.