MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-000694

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 5

FILED JAN 10 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mt Pleasant Township — Length of stay in 1b: --
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 328th USAF Hospital Richards-Gebaur AFB, Mo. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Grandview — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5806 E 149th Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Cynthia Middle: Kay Last: Wilson

4. DATE OF DEATH: Month: January Day: 2 Year: 1962

5. SEX: Female

6. COLOR OR RACE: Cau

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2 Jan 62

9. AGE (last birthday): --

IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HR: Hours 6 Min 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Larry Wayne Wilson

13b. MOTHER'S MAIDEN NAME: Glenna Dean Gurley

14. NAME OF HUSBAND OR WIFE: NA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: NA

17. INFORMANT: Larry W. Wilson Address: 5806 E 149th St Grandview, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute respiratory distress	6Hrs 40Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Bronchopneumonia, bilateral	6Hrs 40Min
DUE TO (c)	Spontaneous pnuemothorax, bilateral	6Hrs 40Min

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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 2 January 1962, to 2 January 1962 and last saw her alive on 2 January 1962
Death occurred at 1:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: G.P. Kirkpatrick (Degree or title): G.P. KIRKPATRICK, Capt., USAF, MC

22b. ADDRESS: 328th USAF Hospital Richards-Gebaur AFB, Missouri

22c. DATE SIGNED: 2 Jan 62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 1-3-62

23c. NAME OF CEMETERY OR CREMATORY: Iola

23d. LOCATION (City, town, or county) (State): Iola Kansas

24. FUNERAL DIRECTOR: E K George & Sons — ADDRESS: Grandview Mo.

25. DATE RECD. BY LOCAL REG.: JAN. 5, 1962

26. REGISTRAR'S SIGNATURE: Ray Sibree Per Ray J Sibree

(Licensed Embalmer's Statement on Reverse Side)

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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Belton, 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.