

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019151
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2461

FILED MAY 31 1962

VS 300
Rev. 4/59

1
2 258
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4 9
5 1
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7 1
8 1
9 X
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11 123
12 91-3
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

M. Tillman

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) <u>Kansas City,</u>		c. CITY OR TOWN <u>Kansas City,</u>	
Length of stay in 1b <u>12 Yrs</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) <u>40 Highway & Blue River</u>		d. STREET ADDRESS (if outside, give location) <u>2307 B 16th St.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Mamie Dorn Wilson</u>		4. DATE OF DEATH Month Day Year <u>4 30 62</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</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>11-29-42</u>
9. AGE (last birthday) <u>19Yrs</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Work</u>	
11. BIRTHPLACE (City and state or country) <u>Shaw, Miss</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Melvin Hinds</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Pearson</u>	
14. NAME OF HUSBAND OR WIFE <u>Isaac Wilson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No None</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Malvin Hinds</u> Address <u>4025 Chestn</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>massive Internal Hemorrhage c (sudden)</u> DUE TO (b) <u>Fractured Ribs - Laceration of</u> DUE TO (c) <u>Left Lung, Kidney, Liver & spleen on left side of Body</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 type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH <u>(Death)</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Traffic Fatality.</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>11:50 p.m. 4/30/62</u>		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.) <u>40 Highway & Blue River</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Kansas City, Jackson, mo</u>	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Deputy Coroner</u>		22b. ADDRESS <u>1618 54 dia Ave</u>	
22c. DATE SIGNED <u>5/1/62</u>		22d. LOCATION (City, town, or county) (State) <u>Kansas City mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-5-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Lawn</u>	
24. FUNERAL DIRECTOR <u>C. E. Davis</u> ADDRESS <u>1415 Truman Rd</u>		25. DATE RECD. BY LOCAL REG. <u>5-5-62</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>

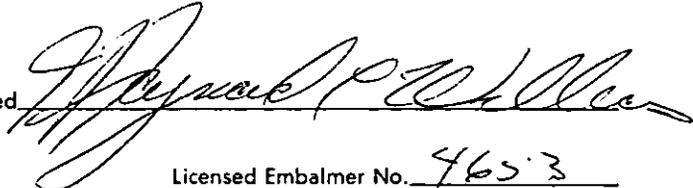
USE BLACK INK OR TYPEWRITER RIBBON

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  _____

Licensed Embalmer No. 4653

P. O. Address 950

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.