

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3772 -62-027411
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3772

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 2 1962		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>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		Length of stay in 1b <u>15 Yrs</u>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <u>5912 Blue Parkway</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <u>5912 Blue Parkway</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Gerald Edward Wilson</u>			4. DATE OF DEATH Month Day Year <u>July 18 1962</u>		
5. SEX <u>Male</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>4-23-37</u>	9. AGE (last birthday) <u>25 Yrs</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Warehouseman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Western Auto</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Cash Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Edith Cushman</u>	
14. NAME OF HUSBAND OR WIFE <u>Never Married</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Cash Wilson</u>		18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute renal failure</u> DUE TO (b) <u>meningitis, pneumococci</u> DUE TO (c) <u>[REDACTED]</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>2 days</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		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>7-13-62</u>		20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20e. CITY, TOWN, OR LOCATION <u>Carrollton</u>		20f. COUNTY <u>Missouri</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>7-13-62</u> to <u>7-18</u> and last saw him alive on <u>7-18-62</u>		22a. SIGNATURE (In green or blue ink) <u>[Signature]</u>		22b. ADDRESS <u>751 E 634 St.</u>	
22c. DATE SIGNED <u>7-19-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-18-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Carrollton</u>		23d. LOCATION (City, town, or county) <u>Carrollton Missouri</u>		24. FUNERAL DIRECTOR <u>Stine & McClure</u> ADDRESS <u>Kansas City, Missouri</u>	
25. DATE RECD. BY LOCAL REG. <u>7-19-62</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		BY AFFIDAVIT OF	

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

Party S. Coher Medical Certification

USE BLACK INK OR TYPEWRITER RIBBON

Mr. Gerald Connor
636 Cuyahoga Bldg.
Ba 1-8848
~~Mr. Joseph M. ...~~
~~St. Mary's Hospital~~
~~St. Mary's ...~~

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 Donald J. Brown

Licensed Embalmer No. 5151

P. O. Address 150 ...

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.