

FILED APR 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8970
STATE FILE NUMBER
1243

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

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CLAY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN LIBERTY 6061		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2317-E-30th		Length of stay in lb 4 DAYS		d. STREET ADDRESS 305 No. 6 ROVER		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First EDWARD Middle Last WILSON				4. DATE OF DEATH Month 3 Day 10 Year 57			
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH MAY 2, 1951	
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		100. KIND OF BUSINESS OR INDUSTRY BUILDING		11. BIRTHPLACE (City and state or country) CLAY COUNTY, MO	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME ISAAC WILSON		14. MOTHER'S MAIDEN NAME MARTHA PATEN		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give year or dates of service) NO	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT KATHERINE FITZPATRICK		Address 1406 R.P. LYDIA, MO.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Insufficiency Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Anemia DUE TO (c) Senility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Malnutrition	
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. Month, Day, Year p. m.		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 _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Deputy Coroner 3		22b. ADDRESS 1618 Lydia Ave.		22c. DATE SIGNED 3/11/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 3-19-57		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) LIBERTY, MO.	
24. FUNERAL DIRECTOR ADDRESS MRS MEEK'S MORTUARY K.C. MO		25. DATE RECD. BY LOCAL REG. 3-16-57		26. REGISTRAR'S SIGNATURE neva minshall			

(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.....

Licensed Embalmer No. 45

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.