No. 300
10.48

WILSON

FILED DEC 8 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 39186

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10030

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4401 Forest Park Blvd

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3528
d. STREET ADDRESS (If rural, give location): 1212 Linwood

**3. NAME OF DECEASED** (Type or Print)
a. (First): Clarence
b. (Middle): Harley
c. (Last): Wilson

**4. DATE OF DEATH** (Month) (Day) (Year): Nov 25, 1950

**5. SEX**: M 0
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): M.
**8. DATE OF BIRTH**: Oct 23- 1888
**9. AGE** (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Pipe Fitter-Mo-Pacfic R.R.
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (State or foreign country): Pittsburgh Kansas
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: Richard Wilson
**13b. MOTHER'S MAIDEN NAME**: Dorothy Mason
**14. NAME OF HUSBAND OR WIFE**: Mrs Opal Wilson

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service): no
**16. SOCIAL SECURITY NO.**: 486-10-4625
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Mrs Ernest Waite Ovensville Mo

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Cardiac Failure

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Degenerative Heart disease
DUE TO (c): Arteriosclerotic heart disease

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: Several mos.

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 4200

22. *I hereby certify that I attended the deceased from* Oct 13, 1950 *to* Nov 21, 1950, *that I last saw the deceased alive on* Nov 21, 1950, *and that death occurred at* 11 A. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Dan Boyd M.D. 0
**23b. ADDRESS**: Mo. Pac Hosp
**23c. DATE SIGNED**: 11-26-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal 4
**24b. DATE**: Nov 28, 1950
**24c. NAME OF CEMETERY OR CREMATORY**: Kansas City Mo
**24d. LOCATION** (City, town, or county) (State): Kansas City Mo

**DATE REC'D BY LOCAL REG.**: NOV 27 1950
**REGISTRAR'S SIGNATURE**: J. B. Sabater
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Arthur J. Donnelly 3840 Lindell Blvd

(Licensed Embalmer's Statement on Reverse Side)

10030

## 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Thomas R Jenwick

Signed.....
Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3840 Lindel

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.).**

**If this body is not embalmed, fact should be so stated above.**