

FILED FEB 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1374
232

BIRTH NO. 2243-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 232

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 OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>15 hrs 23 min</u>		d. STREET ADDRESS (If rural, give location) <u>2119 Lexington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cecelia</u> b. (Middle) <u>Marie</u> c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-16-51</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>new born (?)</u>		8. DATE OF BIRTH <u>1-15-1951</u>		9. AGE (In years last birthday) <u>-</u> IF UNDER 1 YEAR (Months) <u>-</u> IF UNDER 12 HRS. (Hours) <u>-</u> (Min.) <u>15</u> <u>23</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>new born</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>new born</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Homer William Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Mary Brown</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Homer William Wilson</u> ADDRESS <u>2119 Lexington KCMo</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral edema</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aphyxia neonatorum</u>				<u>1-15-51</u>	
		DUE TO (c) <u>Prolonged labor</u>				<u>1-16-51</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>7620</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-</u>	
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22. I hereby certify that I attended the deceased from 1-15, 1951, to 1-16, 1951, that I last saw the deceased alive on 1-16, 1951, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jacob P. Farney</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1300 Prof Bldg. K.C.Mo.</u>		23c. DATE SIGNED <u>1-16-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 17-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. St Marys</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
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DATE REC'D BY LOCAL REG. <u>1-16-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parsons</u> ADDRESS <u>Bros KCMo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Francis Walton.....

Licensed Embalmer No. 2744.....

P. O. Address Reno.....

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