

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5342

820

FILED MAR 8 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>50 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		139
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>			d. STREET ADDRESS (If rural, give location) <u>3514 Tracy</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>T.</u> c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>19</u> <u>52</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Divorced</u>	8. DATE OF BIRTH <u>10-24-1864</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Theater operator Iowa</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Iowa</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
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13a. FATHER'S NAME <u>Harper Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Marion Jane Butler</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 date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>L. E. Wilson, Eagle Grove Iowa</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <u>HYPSTATIC</u> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia-Dehydration</u>			INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of right hip</u>			<u>29530</u> <u>20</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Osceola, Missouri</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2</u> <u>12</u> <u>52</u> <u>5P</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall in room</u>	
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22. I hereby certify that I attended the deceased from Feb. 13, 1952, to Feb. 19, 1952, that I last saw the deceased alive on Feb. 19, 1952, and that death occurred at 10:55P m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. H. Stratemeyer</u>		23b. ADDRESS <u>24th & Cherry</u>		23c. DATE SIGNED <u>2-20-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-21-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eagle Grove Ia.</u>		24d. LOCATION (City, town, or county) (State) <u>Eagle Grove Ia.</u>
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DATE REC'D BY LOCAL REG. <u>2-20-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs L L Foster 918 Brooklyn</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Handwritten scribble

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

J. W. H. H. H.

Licensed Embalmer No. 5599

P. O. Address: D. C. Mo.

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.