

MAILED JUN 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16872
2402

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. 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 JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR KANSAS CITY	
c. LENGTH OF STAY (in this place) 15 years		d. STREET ADDRESS (If rural, give location) 323 Brush Creek Blvd	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) ANNE	b. (Middle) L.	c. (Last) Wilson	4. DATE OF DEATH (Month) (Day) (Year) MAY 23 1952
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH June 30 1886
9. AGE (In years last birthday) 65		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Mins)	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home wife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) GRIGGSVILLE, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM LUDLOW	13b. MOTHER'S MAIDEN NAME ANNE SPEAD	14. NAME OF HUSBAND OR WIFE Fred L. Wilson
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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) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME FRED L. WILSON	ADDRESS 323 BRUSH CREEK KANSAS CITY, MO.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction with arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 10 days 4201
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Apr. 1**, 1952, to **May 23**, 1952, that I last saw the deceased alive on **May 22**, 1952, and that death occurred at **5 P.** m., from the causes and on the date stated above.

23a. SIGNATURE H. W. Robinson (Degree or title)	23b. ADDRESS M.D. 3116 W. 72 St Kansas City, Mo.	23c. DATE SIGNED May 23, '52
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE May 26 1952	24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 5-26-52	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer's Sons	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Charles H. Strickman

Signed.....

Student Embalmer

Licensed Embalmer No. 4560

P. O. Address KC 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.