

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27102

State File No. _____

FILED AUG 26 1952

BIRTH NO. _____		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>0005</u>		Registrar's No. <u>89</u>	
1. PLACE OF DEATH a. COUNTY <u>Bates</u> <u>0071</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Butler</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>3438</u>		d. STREET ADDRESS (If rural, give location) <u>908 E 28th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 19 1952</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u>		b. (Middle) <u>M.</u>		c. (Last) <u>Wilson</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 28, 1901</u>		9. AGE (In years last birthday) <u>50</u> if UNDER 1 YEAR Days <u>9</u> if UNDER 24 HRS. Min. <u>21</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucker</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bates Co., Mo. U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Vickers</u>		14. NAME OF HUSBAND OR WIFE <u>Georgia Wilson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>487-10-2481</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Georgia Wilson</u>		ADDRESS <u>908 E 28th</u> <u>Kansas City</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <u>White Hemorrhagic</u> <u>Tuberculosis</u> <u>Mixed Virus blood</u> <u>Bleem infection</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>3 da</u> <u>8 da.</u>	
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) (Min.)	
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 <u>Aug 16, 1952</u> to <u>Aug 19, 1952</u> that I last saw the deceased alive on <u>Aug 19, 1952</u> and that death occurred at <u>8:00 P. m.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Chas. A. Lusk Jr. M.D.</u>	
23b. ADDRESS <u>State Bk. Bldg. Butler, Mo. 870 1/2</u>		23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 22 52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Butler Mo.</u>		DATE REC'D BY LOCAL REG. <u>8-21-52</u>		REGISTRAR'S SIGNATURE <u>Nendall Curtis</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Culver Underwood</u>		ADDRESS <u>Butler</u>		26. (Licensed Embalmer's Statement on Reverse Side)			

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

SEP 9 1952

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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 Robert G. Steinboch

Licensed Embalmer No. 4657

P. O. Address Butler, 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.