

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21798

FILED JUL 9 - 1953

BIRTH NO.

REG. DIST. NO. 149PRIMARY REG. DIST. NO. 1002Registrar's No. 2997

## 1. PLACE OF DEATH

a. COUNTY

Jacksonb. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas Cityc. LENGTH OF STAY (in this place) 8 months

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

Jacksonc. CITY OR TOWN Kansas Cityd. Is Residence within limits of a city or incorporated town? Yes  No d. FULL NAME OF HOSPITAL OR INSTITUTION 704 West 34th

e. STREET ADDRESS (If rural, give location)

704 West 34th 347<sup>8</sup>

## 3. NAME OF DECEASED

a. (First)

MRS. MARY

b. (Middle)

JANE

c. (Last)

WILSON

4. DATE OF DEATH

(Month) (Day) (Year)

6-12-53

## 5. SEX

Fe

## 6. COLOR OR RACE

Wh

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

## 8. DATE OF BIRTH

Sept. 21, 1889

## 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 14 HRS.

63

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and State or Foreign Country)

Indiana

12. CITIZEN OF WHAT COUNTRY?

USA

## 13a. FATHER'S NAME

William H. Irman

## 13b. MOTHER'S MAIDEN NAME

Sarah Emily Mace

## 14. NAME OF HUSBAND OR WIFE

Perry A. Wilson

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 ADDRESS

Perry A. Wilson, 704 W. 35th, K.C. 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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

## MEDICAL CERTIFICATION

Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

7 days

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Hypertension, essentialyears

DUE TO (c)

arteriosclerosis, atherosclerosisyears

## 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  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)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK 

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 6-5, 1953, to 6-12, 1953, that I last saw the deceased alive on 6-12, 1953, and that death occurred at 11:5 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Ester Winkelman M.D.

23b. ADDRESS

7449 Broadway

23c. DATE SIGNED

6-12-53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

6-15-53

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

Richmond, Indiana

DATE REC'D BY LOCAL REG.

6-13-53

REGISTRAR'S SIGNATURE

Heraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

STINE & McCLUREK.C. MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Ester Winkelman MD

Dr. Esther Winkelman  
6700 Paseo - res.

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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.....  
Signature of Student Embalmer

Signed..

*Eugene Pearson*

Licensed Embalmer No. *463*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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