S. No. 300
v. 10.48

ILED OCT 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32080

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4445

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 35 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 515 WEST 11TH STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 515 WEST 11TH STREET 3118

3. NAME OF DECEASED (Type or Print)
a. (First): MINA
b. (Middle): LOIS
c. (Last): WILSON

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 8, 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MARCH 17, 1902
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE FORMER MANAGER
10b. KIND OF BUSINESS OR INDUSTRY: MUEHLEBACH COFFEE AT HOME SHOP
11. BIRTHPLACE (City and State or Foreign Country): NEVADA, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: CHARLES JAMES
13b. MOTHER'S MAIDEN NAME: ANNA ELIZABETH SHEETS
14. NAME OF HUSBAND OR ~~WIFE~~: FRANK WILSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: 486-07-8783
17. INFORMANT'S SIGNATURE OR NAME: FRANK WILSON, 515 WEST 11th ST. K.C. MO. — ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Circulatory failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4200

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): natural
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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ....., 19...., to ....., 19...., that I last saw the deceased alive on ....., 19...., and that death occurred at 12:30 P.m., from the causes and on the date stated above.*

23a. SIGNATURE: Hugh H. Owens (Degree or title) Hugh H. Owens Coroner
23b. ADDRESS: 1034 Rialto Bldg.
23c. DATE SIGNED: 9-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT-10-1953
24c. NAME OF CEMETERY OR ~~CREMATORY~~: NEWTON CEMETERY
24d. LOCATION (City, town, or county) (State): NEVADA MISSOURI

DATE REC'D BY LOCAL REG.: 9-10-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Newcomer's Sons
ADDRESS: 331 BROOKSTREET Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Basil V Honey

Licensed Embalmer No. 4724

P. O. Address Oakland, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.