

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43257**  
**5849**

FILED JAN 14 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <b>712 700 Ward Parkway</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Esther</b>	b. (Middle) <b>Darlene</b>	c. (Last) <b>Wilson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12-12-53</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Oct. 24, 1906</b>	9. AGE (In years last birthday) <b>47</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Teacher</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>P.C.M.O. Public Schools</b>	11. BIRTHPLACE (State or foreign country) <b>KANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>D.J. Wilson</b>	13b. MOTHER'S MAIDEN NAME <b>Daisy McAuley</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Records</b>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 mo.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ca. ovary</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>175X</b>

19a. DATE OF OPERATION <b>July 26 1953</b>	19b. MAJOR FINDINGS OF OPERATION <b>Ca. ovary with pinpointed metastases</b>	20. AUTOPSY? YES <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **11-8**, 19**53** to **12-12**, 19**53**, that I last saw the deceased alive on **12-11**, 19**53**, and that death occurred at **1:16 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. W. Robinson MD</b>	23b. ADDRESS <b>4635 Wyandotte Kc. Mo.</b>	23c. DATE SIGNED <b>12-12-53</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12/15/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Mound City Mo. Kansas</b>
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DATE REC'D BY LOCAL REG. <b>12-13-53</b>	REGISTRAR'S SIGNATURE <b>Suzaldine Smith</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Gates</b>	ADDRESS <b>FUNERAL HOME N.C.N.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 24 1958

MAY 24 1958

9-0552

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 *Jimmy S. Hubshorn*  
Licensed Embalmer No. *4092*

P. O. Address *Mission, Kansas*

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.