

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **1593**  
**156**

FILED JAN 27 1954

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

|                                                                       |                                                  |                                                                                                                                                    |                                                                                                                                   |
|-----------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Jackson</u>                  |                                                  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |                                                                                                                                   |
| b. CITY OR TOWN <u>Kansas City</u>                                    | c. LENGTH OF STAY (to this place) <u>16 days</u> | c. CITY OR TOWN <u>Kansas City</u>                                                                                                                 | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u> |                                                  | e. STREET ADDRESS (If rural, give location) <u>1113 East 11th St. 3166</u>                                                                         |                                                                                                                                   |

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|----------------------------------------------------------------------------|-------------------------|-----------------------------|-------------------------|----------------------------------------------------------------------|
| <b>3. NAME OF DECEASED</b><br>(Type or Print) <u>Pearl Florence Wilson</u> | a. (First) <u>Pearl</u> | b. (Middle) <u>Florence</u> | c. (Last) <u>Wilson</u> | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><u>Jan. 10, 1954</u> |
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| <b>5. SEX</b><br><u>Female</u> | <b>6. COLOR OR RACE</b><br><u>White</u> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><u>Never Married</u> | <b>8. DATE OF BIRTH</b><br><u>11-23-1873</u> | <b>9. AGE</b> (In years last birthday) <u>80</u> <u>26</u> Months Days Hours Min. |
|--------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------|

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| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><u>Own Home</u> | <b>11. BIRTHPLACE</b> (City and State or Foreign Country)<br><u>Gold City, Colo. Colo</u> | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><u>USA</u> |
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| <b>13a. FATHER'S NAME</b><br><u>J. T. Stout</u> | <b>13b. MOTHER'S MAIDEN NAME</b><br><u>Lucy Naismith</u> | <b>14. NAME OF HUSBAND OR WIFE</b><br><u>J. T. Wilson</u> |
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| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | <b>16. SOCIAL SECURITY NO.</b><br><u>None</u> | <b>17. INFORMANT'S SIGNATURE OR NAME</b><br><u>Agnes Oldham</u> | <b>ADDRESS</b><br><u>Martin City, Mo</u> |
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| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | <b>MEDICAL CERTIFICATION</b>                                                                                                                                                        |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><u>2 weeks</u> |
|                                                                                                                                                                                                                                      | <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary occlusion</u>                                                                                             |  |                                                           |
|                                                                                                                                                                                                                                      | <b>ANTECEDENT CAUSES</b><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>arteriosclerosis</u><br>DUE TO (c) |  |                                                           |
| <b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death.                                                                                           |                                                                                                                                                                                     |  | <u>4201</u>                                               |

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| <b>19a. DATE OF OPERATION</b> | <b>19b. MAJOR FINDINGS OF OPERATION</b> | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> |
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| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) | <b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b> |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------|

**22. I hereby certify that I attended the deceased from** 1-1, 1954, to 1-10, 1954, that I last saw the deceased alive on 1-10, 1954, and that death occurred at 11:18 m., from the causes and on the date stated above.

|                                                              |                                                       |                                        |
|--------------------------------------------------------------|-------------------------------------------------------|----------------------------------------|
| <b>23a. SIGNATURE</b> <u>J. S. Hoffman</u> (Degree or title) | <b>23b. ADDRESS</b> <u>608 33rd Professional Bldg</u> | <b>23c. DATE SIGNED</b> <u>1-11-54</u> |
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| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><u>BURIAL</u> | <b>24b. DATE</b> <u>1-11-1954</u> | <b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>GREEN LAWN CEM.</u> | <b>24d. LOCATION</b> (City, town, or county) (State)<br><u>JACKSON CO., MO</u> |
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| <b>DATE REC'D BY LOCAL REG.</b> <u>1-11-54</u> | <b>REGISTRAR'S SIGNATURE</b> <u>Sheldine Smith</u> | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>E.K. GEORGE &amp; SONS</u> | <b>ADDRESS</b> <u>GRANDVIEW, MO</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Richard E. George*.....

Licensed Embalmer No. 395.....

P. O. Address *Bellan, N.*.....

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