

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1594**
252

BIRTH NO. FILED FEB 4 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS City		c. LENGTH OF STAY (in this place) 5 days	c. CITY OR TOWN SHAWNEE
d. FULL NAME OF HOSPITAL OR INSTITUTION MENORAH Medical Center		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) G. c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) 1 - 15 - 54	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH DEC-5-1911
9. AGE (In years last birthday) 42	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOUNDER	10b. KIND OF BUSINESS OR INDUSTRY MOVIE-MITE CORP.	11. BIRTHPLACE (City and State or Foreign Country) MANHATTAN, KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME DR. H. R. WILSON	13b. MOTHER'S MAIDEN NAME RETURAH KERR	14. NAME OF HUSBAND OR WIFE --
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. 486-01-3337	17. INFORMANT'S SIGNATURE OR NAME MRS. J. H. SUND ADDRESS 5941 MAPLE ST. MISSION, KANSAS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Serious hepatic decompensation + fatty liver INTERVAL BETWEEN ONSET AND DEATH 7 days ANTECEDENT CAUSES DUE TO (b) Hepatic Renal Syndrome 5 days DUE TO (c) Toxic nephrosis 5 days II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 580X	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)	21f. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from 1-11 , 19 54 to 1-15 , 19 54 , that I last saw the deceased alive on 1-15 , 19 54 and that death occurred at 12:34 m., from the causes and on the date stated above.	
23a. SIGNATURE Paul Moss (Degree or title) Dr. W.	23b. ADDRESS 406 Bryant Bldg.	23c. DATE SIGNED 1/16/54	
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE JAN-18-1954	24c. NAME OF CEMETERY OR CREMATORY SHAWNEE CEMETERY	24d. LOCATION (City, town, or county) (State) SHAWNEE, KANSAS
DATE REC'D BY LOCAL REG. 1-16-54	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE O.H. Newcomer's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

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

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.....
Charles D. Berger

Licensed Embalmer No.....49

P. O. Address.....*J.C. 10*

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.