

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9007**

BIRTH NO. **FILED MAR 31 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1602** Registrar's No. **1170**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 38 yrs.		e. STREET ADDRESS (If rural, give location) 5724 Virginia 3818	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			

3. NAME OF DECEASED (Type or Print)	a. (First) Arthur	b. (Middle) M.	c. (Last) Wilkins	4. DATE OF DEATH (Month) (Day) (Year) 3 12 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 20, 1883	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRAYER CONSULTER AT UNITY		10b. KIND OF BUSINESS OR INDUSTRY AT UNITY		11. BIRTHPLACE (City and State or Foreign Country) MELROSE, KANSAS 1		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME STILLMAN WILKINS	13b. MOTHER'S MAIDEN NAME ALICE WALKER	14. NAME OF HUSBAND-OR WIFE JEAN WILKINS
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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. 495-01-9602A	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. JEAN WILKINS, 5724 VIRGINIA, KANSAS CITY, MO
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic healed tuberculous constrictive pericarditis with resultant anasarca		
	ANTECEDENT CAUSES pericarditis with resultant anasarca DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) (Min.)	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 **March 2, 1954**, to **March 12, 1954**, that I last saw the deceased alive on **March 12, 1954**, and that death occurred at **10:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns, M.D. (Degree or title)	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 3-12-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE MARCH 15, 1954	24c. NAME OF CEMETERY OR CREMATORY D.W. Newcomer's Sons	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
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DATE REC'D BY LOCAL REG. 3-15-54	REGISTRAR'S SIGNATURE Sheldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D.W. Newcomer's Sons, Kansas City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. B. B. B. B.

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 *Basil V. Honey*

Licensed Embalmer No. *470*

P. O. Address *St. Paul*

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.