

STANDARD CERTIFICATE OF DEATH

State File No. 912

BIRTH NO. FILED MAR 18 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 912

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</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 OR TOWN <b>Kansas City</b>	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) <b>68 yrs</b>		5. STREET ADDRESS (If rural, give location) <b>3104 Michigan</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bennett Conv. Home</b>		3. NAME OF DECEASED (Type or Print) a. (First) <b>Zada</b> b. (Middle) <b>N.</b> c. (Last) <b>Wilkinson</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 27 1954</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Antique Shop</b>	8. DATE OF BIRTH <b>July 5, 1869</b>
13a. FATHER'S NAME <b>Samuel D. Nowlin</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Skinner</b>	9. AGE (In years last birthday) <b>84</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri City, Mo. D</b>
17. INFORMANT'S SIGNATURE OR NAME <b>Harrison D. Nowlin</b>		ADDRESS <b>Missouri City, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary edema</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>	
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)	
ANTECEDENT CAUSES		DUE TO (b) <b>Chronic congestive heart failure</b> <b>5 mos</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO <b>Generalized arteriosclerosis</b> <b>5 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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?		22. I hereby certify that I attended the deceased from <b>Nov. 25, 1949</b> to <b>Feb. 27, 1954</b> , that I last saw the deceased alive on <b>Jan 20, 1954</b> , and that death occurred at <b>7:15 P.M.</b> , from the cause and on the date stated above.	
23a. SIGNATURE <b>Claude G. Farney</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>4526 Jones K.C. Mo.</b>	
23c. DATE SIGNED <b>2/28/54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	
24b. DATE <b>Mar 1, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Crematory</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hellody-McGilley-Eylar</b> ADDRESS <b>Kansas City, Mo.</b>	
DATE REC'D BY LOCAL REG <b>2-28-54</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	

DEC 14 1958

FEB 10 1958

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 *Melvin Porteau*

Licensed Embalmer No. *796*

P. O. Address *KCM*

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.