

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27851

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3505

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) Kansas City	c. LENGTH OF STAY (in this place) 26 yrs.	c. CITY OR TOWN 77 Kansas City	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 St. Mary's Hospital		e. STREET ADDRESS (If rural, give location) 4406 Jarboe	

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE		b. (Middle) .		c. (Last) WILSON		4. DATE OF DEATH (Month) (Day) (Year) July 19, 1954			
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 26, 1883		9. AGE (In years last birthday) Months Days Hours Min. 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Claim Examiner			10b. KIND OF BUSINESS OR INDUSTRY Insurance		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri			12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Burvenich		13b. MOTHER'S MAIDEN NAME Mary Hershley		14. NAME OF HUSBAND OR WIFE Cyril W. Wilson	
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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. 433-34-5705		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John F. Wilson, 4406 Jarboe, K. C., Mo.	
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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, aneurysm, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous				INTERVAL BETWEEN ONSET AND DEATH 151X	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary in Stomach					
		DUE TO (c) Hemorrhage into intest.				7/18/54	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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?	

22. I hereby certify that I attended the deceased from 12/13, 1949 to 7/19, 1954, that I last saw the deceased alive on 7/18, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edson C. Carrier, M.D.		23b. ADDRESS 242 Plaza Med Bldg		23c. DATE SIGNED 7/19/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-21-54		24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 7-19-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C.MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Edson C. Carrier MD

Mr. Edwin Carver
State Mortuary Bldg.
No. 3434

Edg. 2100 a m

about 1:30 to 6:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by Student Embalmer No. working under my personal supervision..

* Student.....
Signature of Student Embalmer

Signed..... *F. S. Walters*

Licensed Embalmer No.

P. O. Address..... *F. C.*

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