

34300

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 25 1954

BIRTH NO. _____ REG. DIST. NO. 124 PRIMARY REG. DIST. NO. 2575 Registrar's No. 55

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 OR TOWN) "Rural" Wagon Station		c. LENGTH OF STAY (In this place) 3 Hrs	c. CITY OR TOWN Kansas City-22
d. FULL NAME OF HOSPITAL OR INSTITUTION 87th & Eastern		f. STREET ADDRESS (If rural, give location) 600 Blue Ridge	
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Frederick c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) Oct. 16, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 8, 1907
9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Construction Co.	11. BIRTHPLACE (City and State or Foreign Country) Little Rock, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Wilson		13b. MOTHER'S MAIDEN NAME Lena	14. NAME OF HUSBAND OR WIFE Viola E. Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-09-1717	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Viola E. Wilson Kansas City, Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock + Hemorrhage, resulting from crushing injury of chest, fractured skull, bilateral Hemorrhage + multiple rib fractures ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E92556		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE accident	21b. PLACE OF INJURY (e.g., in or about home, farm, country, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson Mo	
21d. TIME OF INJURY 10-16-54 11:30 AM	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Came in of steps back	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Geo C. Carson, M.D., Deputy Coroner		23b. ADDRESS 6627 Prospect St. S.W.	23c. DATE SIGNED 10-16-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/20/54	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Independence, Missouri
DATE REC'D BY LOCAL REG. 10/18/54	REGISTRAR'S SIGNATURE Geo. C. Carson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Carson Independence, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

1-1-195

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.....
Dean W. Huff

Licensed Embalmer No. *4914*

P. O. Address *Independence*

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.