

FILED DEC 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5296

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5296</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Kansas</u>				b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			c. LENGTH OF STAY (If in hospital) <u>2 days</u>	c. CITY OR TOWN <u>Kansas City</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Osteopathic Hos.</u>				e. STREET ADDRESS (If rural, give location) <u>6749 Everett</u>				<u>815-0</u>	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>	b. (Middle) <u>C.</u>	c. (Last) <u>Wilson</u>	111	4. DATE OF DEATH (Month) (Day) (Year) <u>11-12-54</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED (NEVER MARRIED) <u>single</u>	WIDOWED <u>single</u>	8. DATE OF BIRTH <u>12-12-50</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>11</u> Days _____	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) <u>child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>child</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John C. Wilson Jr</u>			13b. MOTHER'S MAIDEN NAME <u>Dorothy Ayers</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Parents</u>		ADDRESS _____			
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, athenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RESPIRATORY FAILURE</u>					INTERVAL BETWEEN ONSET AND DEATH <u>30 MIN</u>		
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ANOXIA</u>					<u>4 HRS</u>		
		DUE TO (c) <u>HEMORRHAGE</u>					<u>6 HRS</u>		
		II. OTHER SIGNIFICANT CONDITIONS <u>TONSIL AND ADENOIDECTOMY</u> Conditions contributing to the death but not related to the disease or condition causing death.					<u>10 HRS</u>		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>GROSSLY ENLARGED AND INFECTED TONSILS & ADENOIDS.</u>							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) _____					
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 <u>11-12-54</u> , 19 <u>54</u> , to <u>11-12-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11-12-54</u> , 19 <u>54</u> , and that death occurred at <u>8:20 Pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>D. W. Streitenberger</u> (Degree or title) <u>D.O. 2</u>				23b. ADDRESS <u>By Bryan Berg</u> <u>Kansas City, Mo.</u>		23c. DATE SIGNED <u>11-13-54</u>			
24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>11/15/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CHAPEL HILL MEMORIAL</u>		24d. LOCATION (City, town, or county) (State) <u>BETHEL KANS.</u>				
DATE REC'D BY LOCAL REG. <u>11-15-54</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WARNICK CUSTER EADS. KCK</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
D. W. Streitenberger

37668

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 *M. M. Sevillee*.....

Licensed Embalmer No. *3509*.....

P. O. Address *W. C. House*.....

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.