

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8479**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **932**

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. LENGTH OF STAY (In this place) **About 34 yrs.**

c. CITY OR TOWN **Kansas City**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **General Hospital #2**

STREET ADDRESS (If rural, give location) **1533 East 11th Street 3168**

3. NAME OF DECEASED
a. (First) **Lillie** b. (Middle) _____ c. (Last) **Wise** 4. DATE OF DEATH (Month) **2** (Day) **25** (Year) **1955**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **April 20, 1894** 9. AGE (In years last birthday) **60** IF UNDER 1 YEAR Months _____ IF UNDER 4 HRS. Days _____ IF UNDER 15 MIN. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer** 10b. KIND OF BUSINESS OR INDUSTRY **Rock Quarry** 11. BIRTHPLACE (City and State or Foreign Country) **Eupora, Miss. 1** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Wise** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Pearl Wise**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Pearl Wise** ADDRESS **1533 E. 11th St.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Generalized arteriosclerosis**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **Senility, Diabetes Mellitus, Chronic respiratory infection, Heart Disease.**
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 NO

21a. ACCIDENT SUICIDE SUICIDE (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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **2-4-55**, 19____, to **2-25-55**, 19____, that I last saw the deceased alive on **2-25-55**, 19____, and that death occurred at **10:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **E. Frank Hills MD** (Degree or title) _____ 23b. ADDRESS **600 East 22nd Street** 23c. DATE SIGNED **2-28-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **3/2/55** 24c. NAME OF CEMETERY OR CREMATORY **Lincoln Cemetery** 24d. LOCATION (City, town, or county) (State) **Kansas City, Mo**

DATE REC'D BY LOCAL REG. **3-1-55** REGISTRAR'S SIGNATURE **Irene Marshall** 25. FUNERAL DIRECTOR'S SIGNATURE **E. Sterling Hills** ADDRESS **1212 Vine**

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

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... *E. Sterling Bill*

Licensed Embalmer No. *31*

P. O. Address *1212*

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.