No. 300
10.48

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12225

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1469

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1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 33 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ROOM 416 BRYANT BUILDING

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
9 STREET ADDRESS (If rural, give location): 3433 ST. JOHN AVENUE 3098

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): A.
c. (Last): WILSON

4. DATE OF DEATH (Month) (Day) (Year): MARCH 29 1955

5. SEX: MALE D
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: NOV. 26, 1876
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED MACHINIST
10b. KIND OF BUSINESS OR INDUSTRY: SHEFFIELD STEEL
11. BIRTHPLACE (City and State or Foreign Country): BENTON COUNTY, ARKANSAS 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: JESSE WILSON
13b. MOTHER'S MAIDEN NAME: MARGARET MARTIN
14. NAME OF ~~HUSBAND OR~~ WIFE: NORA E. WILSON

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.: 487-05-4751 A
17. INFORMANT'S SIGNATURE OR NAME: MRS. NORA E. WILSON, 3433 ST. JOHN, K.C. MO. — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart
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: 420

19a. DATE OF OPERATION: ~~[illegible]~~
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.
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* 5/15, 1953, *to* 3/29, 1955, *that I last saw the deceased alive on* 3/29, 1955, *and that death occurred at* 3:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Helen M. Vaughn (Degree or title): Helen M. Vaughn D.O.
23b. ADDRESS: 416 Bryant Bldg K.C. Mo.
23c. DATE SIGNED: 3/30/55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APRIL 1, 1955
24c. NAME OF CEMETERY OR ~~CREMATORY~~: GREEN LAWN CEMETERY
24d. LOCATION (City, town, or county): KANSAS CITY (State): MISSOURI

DATE REC'D BY LOCAL REG.: 4-1-55
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Newcomer's Sons
ADDRESS: 1331 BRUSH CREEK Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Albert L. Savage

Licensed Embalmer No. 481

P. O. Address Kansas

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