

FILED JUN 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15659

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2154	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>5 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		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 <b>4406 Jarboe</b>				STREET ADDRESS (If rural, give location) <b>4406 Jarboe</b>			
3. NAME OF DECEASED (Type or Print) <b>JOHN</b>		a. (First) <b>F.</b>		b. (Middle) <b>WILSON</b>		c. (Last)	
5. SEX <b>D</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 8, 1911</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Claims Adjustor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>C. W. Wilson</b>		13b. MOTHER'S MAIDEN NAME <b>--- Burdenich</b>		14. NAME OF HUSBAND OR WIFE <b>Pebble Wilson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>486-05-1299</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Pebble Wilson, 4406 Jarboe, K.C. Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral embolism</b> ANTECEDENT CAUSES <b>Auricular fibrillation, mitral Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>and aortic stenosis</b> DUE TO (c) <b>Rheumatic heart disease</b> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b> <b>41 yr.</b> <b>30 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		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 <b>Sept 1, 1953</b> , to <b>May 17, 1955</b> , that I last saw the deceased alive on <b>May 17, 1955</b> , and that death occurred at <b>12:05 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>E. G. Kettner</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Kansas City Mo.</b>		23c. DATE SIGNED <b>5/17/55</b>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>5-19-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri,</b>	
DATE REC'D BY LOCAL REG. <b>5-17-55</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STINE &amp; McCLURE UND. CO. K.C.MO.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. [unclear] [unclear]

12105011

[unclear]  
[unclear]

91111 10111 1111

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 \_\_\_\_\_  
[Signature]

Licensed Embalmer No. 46  
P. O. Address \_\_\_\_\_  
[Signature]

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.