

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15660

State File No.

1905

BIRTH NO. 15582-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY OR TOWN <u>Kansas City, Mo.</u>		c. LENGTH OF STAY (in this city or township) <u>10 Days</u>	c. CITY OR TOWN <u>Odesa</u>		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 <u>Childrens Mercy Hospital</u>			STREET ADDRESS (If rural, give location) <u>507 E Main</u> 0540 1			
3. NAME OF DECEASED a. (First) <u>Lawrence Joseph Wilson</u> (Type or Print)			b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>1</u> <u>1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>3-11-55</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Paul Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Rosalie Hanks Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Wilson, 507 E Main, Odesa, Mo.</u>			
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) <u>GASTRO-ENTERITIS</u> ANTECEDENT CAUSES DUE TO (b) <u>ALLERGY</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>MESENTERIC ADENITIS</u> <u>PERISPLENITIS</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>245*</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					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>4-20-</u> , 19 <u>55</u> , to <u>5-1-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-1-</u> , 19 <u>55</u> , and that death occurred at <u>10:28</u> m., from the causes and on the date stated above.						
23a. SIGNATURE <u>Wayne Hays</u>			23b. ADDRESS (Degree or title) <u>2310 Independence, K.C. Mo.</u>		23c. DATE SIGNED <u>5-1-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5-1-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wrenton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Odesa, MO.</u>		
DATE REC'D BY LOCAL REG. <u>5-1-55</u>		REGISTRAR'S SIGNATURE <u>Wm. F. Spahr</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hickman - Spahr Odesa, MO.</u>		

(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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William T. Sparks*.....

Licensed Embalmer No. *#4*.....

P. O. Address *Odessa*.....

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.