

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 1 1955

State File No. **33626**
4467

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY WYANDOTTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 3 1/2 wks	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		STREET ADDRESS (If rural, give location) 2615 HAGEMANN	

3. NAME OF DECEASED (Type or Print) a. (First) FOREST b. (Middle) E. c. (Last) WILSON	4. DATE OF DEATH (Month) (Day) (Year) October 17, 1955					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 26, 1895	9. AGE (In years last birthday) 60	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) Machinist RETIRED	10b. KIND OF BUSINESS OR INDUSTRY ROCK ISLAND R.R.	11. BIRTHPLACE (City and State or Foreign Country) Medford, Oklahoma		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME BENJAMIN F. WILSON	13b. MOTHER'S MAIDEN NAME DAVIS	14. NAME OF HUSBAND OR WIFE LAVIECE WILSON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I	16. SOCIAL SECURITY NO. 708-16-3790	17. INFORMANT'S SIGNATURE OR NAME MRS. LAVIECE WILSON	ADDRESS 2615 HAGEMANN KANSAS CITY, KANSAS
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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		19. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis				
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		420			

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 September 20, 1955 to Oct. 17, 1955, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Arthur P. Klotz	(Degree or title) D	23b. ADDRESS Kansas City, VA Hospital, Mo.	23c. DATE SIGNED 10/17/55
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24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE OCT-19-1955	24c. NAME OF CEMETERY OR CREMATORY MAPLE HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS
DATE REC'D BY LOCAL REG. 10-18-55	REGISTRAR'S SIGNATURE Deva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer's Sons	ADDRESS 1331-BASHIN CREEK KANSAS CITY, MO.

WRITE PLAINLY—USING UNFADEING 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..... *John B. Lewis*
Licensed Embalmer No. *48*
P. O. Address *KC Mo*

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.