

FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33627

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4147</u>									
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>Jackson</u>											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>52 Years</u>		c. CITY OR TOWN <u>Kansas City</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>St. Lukes' Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>112 West 39th Street</u>											
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Gertrude</u>			b. (Middle) <u>Josephine</u>			c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 22, 1955</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 9 1896</u>		9. AGE (In years last birthday) <u>59</u>		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) <u>Clerk</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Dep of Agriculture</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Leavenworth Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>John F. Schmelzer</u>				13b. MOTHER'S MAIDEN NAME <u>Anna M Mero</u>				14. NAME OF HUSBAND OR WIFE <u>John S. Wilson</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>486-26-9719</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Joseph Pulito</u>				ADDRESS <u>1219 Drake Ave San Leandro</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>Carcinoma.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ovarian adenocarcinoma.</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>175X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>5 years.</u>							
19a. DATE OF OPERATION <u>1/23/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ovarian adenocarcinoma with spread thru in pelvis</u>						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)		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>1/14</u> , 19 <u>51</u> , to <u>9/22</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Sept 21</u> , 19 <u>55</u> , and that death occurred at <u>6:30</u> a. m., from the causes and on the date stated above.															
23a. SIGNATURE <u>Edward H. Klein</u> (Degree or title) <sup>D</sup>				23b. ADDRESS <u>77. Dr. Claymed. Bldg. K.C. Mo.</u>				23c. DATE SIGNED <u>9/23/55</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 24 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>									
DATE REC'D BY LOCAL REG. <u>9-24-55</u>				REGISTRAR'S SIGNATURE <u>Neva Minshall</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody McGilley Eylar</u>				ADDRESS <u>Kansas City Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 .....

Licensed Embalmer No. 2999.....

P. O. Address KC.....

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 licensé).  
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.