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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40981

FILED JAN 11 1956

State File No. _____

5562

BIRTH NO. _____ 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>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>48 years</u>	d. 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>VETERANS ADMINISTRATION HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>4232 VIRGINIA</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ralph</u> b. (Middle) <u>WENDELL</u> c. (Last) <u>WILSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-19-55</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 1, 1905</u>	9. AGE (in years last birthday) <u>55.50</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10. USUAL OCCUPATION (or kind of work usually done or profession, if retired) <u>Hotel bell boy SERVICE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Pink Wick Hotel</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>TOPEKA, KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Tom Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Maude Mollicott</u>	14. NAME OF HUSBAND OR WIFE <u>Sue KATHRYN WILSON</u>
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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) <u>Yes WWII</u>	16. SOCIAL SECURITY NO. <u>495-05-2154</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital Official Records, K. C. Mo.</u>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema and acute passive congestion of lungs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Fatty cirrhosis of liver and fatty degeneration of heart</u>		
	DUE TO (c) <u>Chronic alcoholism & Epilepsy</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <u>VA</u>	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 12/19/55, 1912/19/55, 19____, the ~~XXXXXX~~ and that death occurred at 12:50 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Guido Podrecca</u>	23b. ADDRESS <u>VA Hospital, Kansas city, Mo.</u>	23c. DATE SIGNED <u>12/19/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC-21-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>12-21-55</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer</u>	ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>
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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 *Albert L. Savage*

Licensed Embalmer No. *781*

P. O. Address *Kennett*

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.