

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5211

FILED MAR 1 1956

State File No. _____

588

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

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kansas City</i>		c. CITY OR TOWN <i>Kansas City</i>	
c. LENGTH OF STAY (in this place) <i>30 yrs.</i>		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 <i>Home, 3102 Beaton Blvd.</i>			
e. STREET ADDRESS (If rural, give location) <i>3102 Beaton Boulevard</i>			

3. NAME OF DECEASED a. (First) <i>Chester</i> b. (Middle) <i>Tilmon</i> c. (Last) <i>Wilson</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>2-7-56</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 17, 1890</i>	9. AGE (In years last birthday) <i>65</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cooper Dept.</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Armour & Co.</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>New Bloomfield, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Charles W. Wilson</i>	13b. MOTHER'S MAIDEN NAME <i>Lucy Vaughn</i>	14. NAME OF HUSBAND OR WIFE <i>Beulah E. Wilson</i>
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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) <i>No</i>	16. SOCIAL SECURITY NO. <i>510-05-3984</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Beulah E. Wilson</i>	ADDRESS <i>3102 Beaton Blvd.</i>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac decompensation.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8 mo.</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension.</i>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Thrombophlebitis R. leg.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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
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22. I hereby certify that I attended the deceased from *Jan 1956*, to *7 Feb*, 1956, that I last saw the deceased alive on *6 Feb 1956*, and that death occurred at *7:27* m., from *the* causes and on the date stated above.

23a. SIGNATURE (In case of title) D <i>W. W. Gist, M.D.</i>	23b. ADDRESS <i>1103 Grand</i>	23c. DATE SIGNED <i>7 Feb 56</i>
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24a. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>2-10-56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>mt. mochal</i>	24d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>2-8-56</i>	REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Melody McMillen-Eyles</i>	ADDRESS <i>1800 E. Linwood</i>
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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 *James E. Kachel*.....

Licensed Embalmer No. *452*.....

P. O. Address *K.C., Mo.*.....

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.