

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12675

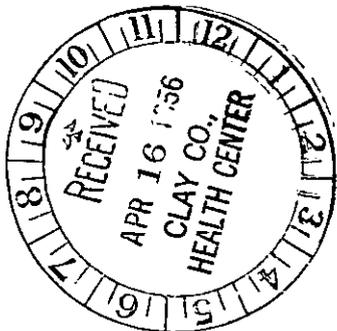
State File No.

FILED APR 23 1956

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission. a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY OR TOWN <u>North Kansas City</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>		c. CITY OR TOWN <u>North Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2411 Buchanan</u>		e. STREET ADDRESS (If rural, give location) <u>2411 Buchanan</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>F</u> c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 6 - 56</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Aircraft Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Denson Mfg. Co.</u>		8. DATE OF BIRTH <u>Nov. 22, 1889</u>	
13a. FATHER'S NAME <u>William Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Missie Hostetter</u>		9. AGE (In years last birthday) <u>66</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give way or dates of service) <u>Yes WWI</u>		16. SOCIAL SECURITY NO. <u>495-01-482</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Winfield Kansas</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mabel V. Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel V. Wilson</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 MIN</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
		DUE TO (b) <u>ANGINA PECTORIS</u>			<u>3 YRS</u>
		DUE TO (c) <u>CORONARY INSUFFICIENCY</u>			<u>3 YRS</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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>APRIL 1956</u> , to <u>APRIL 1956</u> , that I last saw the deceased alive on <u>5 APRIL 1956</u> , and that death occurred at <u>6:25 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. H. Barnes</u>		23b. ADDRESS <u>2014 Swift N.K.C. Mo</u>		23c. DATE SIGNED <u>5 APRIL 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-7-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>North Kansas City Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newman</u> ADDRESS <u>South N. K. C. Mo</u>			

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



APR 16 1956

1956 4 NHP

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 *Glenn H. Hill*

Licensed Embalmer No... 45

P. O. Address... R.C. 16,

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.