

No. 300  
0.48

FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13563**  
**1680**

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>unk</u>		e. STREET ADDRESS (If rural, give location) <b>6900 Scarritt</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6900 Scarritt</b>		5 <b>6900 Scarritt</b>	

3. NAME OF DECEASED (Type or Print) <b>Robert</b>	a. (First)	b. (Middle)	c. (Last) <b>Wilkerson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 11 1956</b>
---------------------------------------------------	------------	-------------	----------------------------	------------------------------------------------------------

5. SEX <b>D</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>9</b>	8. DATE OF BIRTH <b>app. 59</b>	9. AGE (in years last birthday) <b>9</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
-----------------	-------------------------------	-----------------------------------------------------------------	---------------------------------	------------------------------------------	------------------------	-----------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>unknown</b>	12. CITIZEN OF WHAT COUNTRY?
---------------------------------------------------------------------------------------------	-----------------------------------	-------------------------------------------------------------------	------------------------------

13a. FATHER'S NAME <b>unknown</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE
-----------------------------------	------------------------------------------	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>unk</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Coronica Office, K.C., Mo</b>	ADDRESS
------------------------------------------------------------------------------	-------------------------	--------------------------------------------------------------------	---------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>2nd Degree Burns Central Body</b>		INTERVAL BETWEEN ONSET AND DEATH <b>29160</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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 type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	----------------------------------------------------------------------------------

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Kansas City</b> (COUNTY) <b>Jackson</b> (STATE) <b>Mo</b>
----------------------------------------------------------	------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>4-11-56</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Home Burned down</b>
----------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------	----------------------------------------------------

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

22a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title) <b>3</b>	22b. ADDRESS <b>1034 Peach Blossom Blvd</b>	22c. DATE SIGNED <b>4-12-56</b>
----------------------------------------------------------------	---------------------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>4-25-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>mt. Calvary</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>
----------------------------------------------------------	--------------------------	-------------------------------------------------------	--------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <b>4-18-56</b>	REGISTRAR'S SIGNATURE <b>Neval Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Great Funeral Home K.C., Mo</b>	ADDRESS
-----------------------------------------	---------------------------------------------	---------------------------------------------------------------------	---------

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 *Richard E. Carroll*.....

Licensed Embalmer No. *482*.....

P. O. Address *J. 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.