

FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13572

State File No. 1657

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1657

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City, township)		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 7 yrs		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 2904 East 12 St.		STREET ADDRESS (If rural, give location) 2904 East 12 St. 3180	

3. NAME OF DECEASED (Type or Print) a. (First) Deborah b. (Middle) Alice c. (Last) Wilson			4. DATE OF DEATH (Month) (Day) (Year) April 13 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH June 14 1873			9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Washington County Arkansas	
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Thomas Beach		
13b. MOTHER'S MAIDEN NAME Margaret Lawson			14. NAME OF HUSBAND OR WIFE Thomas Wilson		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs Ann Bright 2904 East 12 St. K.C.Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE		ANTECEDENT CAUSES		DUE TO (b) THROMBOCYTOPENIA	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) CHRONIC HEPATITIS	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		ARTERIOSCLEROSIS; CHOLELITHIASIS 10-15 yrs.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5810		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 4-8-1956, to 4-11-1956, that I last saw the deceased alive on 4-11-1956, and that death occurred at 10:55 Pm., from the causes and on the date stated above.

23a. SIGNATURE William P. Adamo (Degree or title) D. P.		23b. ADDRESS 1145 Prospect K.C. Mo.		23c. DATE SIGNED 4/14/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 16 1956		24c. NAME OF CEMETERY OR CREMATORY Floral Hill Cem.	
24d. LOCATION (City, town, or county) Kansas City, Missouri		24e. (State)		24f. (State)	

DATE REC'D BY LOCAL REG. 4-16-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE Mrs C.L. Forster Funeral Home Kas. City, Mo.	
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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.....  
*J. August Her...*

Licensed Embalmer No. 357

P. O. Address.....  
*St. Louis*

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.