

FILED JUL 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24052**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2865	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Kansas b. COUNTY Montgomery)			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 1 week		c. CITY OR TOWN Caney		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital				• STREET ADDRESS (If rural, give location) 605 East 4th Street 8150			
3. NAME OF DECEASED (Type or Print) a. (First) Frances			b. (Middle) _____		c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) June 29 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 19, 1888		9. AGE (In years last birthday) 67	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 Wks. Hours _____ Min. _____
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) Havana, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Dr. T. H. Stevens		13b. MOTHER'S MAIDEN NAME Luella Sams		14. NAME OF HUSBAND OR WIFE Jesse H. 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. -----		17. INFORMANT'S SIGNATURE OR NAME Jesse H. Wilson ADDRESS 605 East 4th St. Caney, Kansas			
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, asphyxiation, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) adenocarcinoma of colon with extensive liver metastases 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.				INTERVAL BETWEEN ONSET AND DEATH 3 mo. 153X	
19a. DATE OF OPERATION June 28 56		19b. MAJOR FINDINGS OF OPERATION same as above				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 June 28, 1956 , to June 29, 1956 , that I last saw the deceased alive on June 29, 1956 and that death occurred at 4:34P m., from the causes and on the date stated above.							
23a. SIGNATURE C. Y. Thomas, Jr. (Degree or title) Ch. Thomas, Jr., M.D.				23b. ADDRESS 200 Plaza Medical Bldg. 315 Nichols Road K. C. Mo. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 30, 56	24c. NAME OF CEMETERY OR CREMATORY Sunnyside Cemetery		24d. LOCATION (City, town, or county) (State) Caney, Kansas		
DATE REC'D BY LOCAL REG. 7-1-56		REGISTRAR'S SIGNATURE neva munsell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. T. Newcome's Sons Kansas City, Mo.			

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

APR 1 1957

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 D. Hill*.....

Licensed Embalmer No. *458*.....

P. O. Address *K.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.