

FILED OCT 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34325  
4401

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4401

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>62 YEARS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>42728 MARION AVENUE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wells</u> b. (Middle) <u>R.</u> c. (Last) <u>WILKINSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-8-56</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT-19-1976</u>
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work outside of working life, even if retired) <u>CHIEF CHEMICAL ENGINEER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ASHTAOLA COUNTY, OHIO</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. BOARD OF PUBLIC WORKS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>RICHARD WILKINSON</u>		13b. MOTHER'S MAIDEN NAME <u>HELEN STEWART</u>	
14. NAME OF HUSBAND OR WIFE <u>MRS. ELAIN SHEPARD WILKINSON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>486-36-8350</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS. ELAIN SHEPARD WILKINSON KANSAS CITY, MO.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Encephalomalacia of M. brain</u> DUE TO (c) <u>due to Cerebral Thrombosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332X</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) (Min.)		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>1 Sept</u> , 19 <u>56</u> , to <u>8 Oct</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8 Oct</u> , 19 <u>56</u> , and that death occurred at <u>5:30 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Harold W. Vothe M.D.</u>		23b. ADDRESS <u>201 Plaza Medical Bldg. K.C. Mo.</u>	
23c. DATE SIGNED <u>8 Oct 56</u>		24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>	
24b. DATE <u>OCT-10-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>SLATER MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>D.W. Newcomer 1331 BRUSH CARR KANSAS CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>10-9-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minchall</u>	

WRITE PLAINLY—USING UNFADEING 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 *Basil V. Hone*.....

Licensed Embalmer No. *472*.....

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.