

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH24913
STATE FILE NUMBER

FILED AUG 12 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3343

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, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MERCY HOSPITAL		d. STREET ADDRESS 2229 Troost	
3. NAME OF DECEASED (Type or print) First CHARLES Middle J. Last WILSON JR.		4. DATE OF DEATH Month 16 Day July Year 1957	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 11, 1957
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 5 Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kans. City, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles J. Wilson Sr.		13b. MOTHER'S MAIDEN NAME Barbara Edwards	14. NAME OF HUSBAND OR WIFE none
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 Address Charles J. Wilson Sr. 2229 Troost	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pneumonitis aspiration DUE TO (b) trachea esophageul fistula DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 7562
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from July 14, 1957 to July 14, 1957 and last saw her alive on July 16, 1957 Death occurred at 8 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wayne H. ... (Degree or title)		22b. ADDRESS 1710 Independence, KC, Mo	22c. DATE SIGNED 7-16-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-17-57	23c. NAME OF CEMETERY OR CREMATORY Highland	23d. LOCATION (City, town, or county) Kans. City, Mo. (State)
24. FUNERAL DIRECTOR Watkins Brothers Fn. Hm. 18th & Benton ADDRESS		25. DATE RECD. BY LOCAL REG. 7-17-57	26. REGISTRAR'S SIGNATURE Deva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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: *Bruce P. Watkins*

Licensed Embalmer No. *452*

P. O. Address *18th & Be*



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.