

STANDARD CERTIFICATE OF DEATH

32269

STATE FILE NUMBER

4272

FILED OCT 4 1957

Registration District No. 149

149

Primary Registration District No. 1002

1002

Registrar's No.

4272

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, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA Hospital,</b>		Length of stay in lb <b>27 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>4819 E. 7th Street</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Marvin</b> Middle <b>Jewell</b> Last <b>Wilson</b>			4. DATE OF DEATH Month <b>9th</b> Day <b>12th</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>9-1-15</b>		9. AGE (In years last birthday) <b>42</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Roller Coater</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Vending Company</b>		11. BIRTHPLACE (City and state or country) <b>TINIA, Warberne, Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Ernest Wilson</b>		13b. MOTHER'S MAIDEN NAME <b>Nellie Leonard</b>	
14. NAME OF HUSBAND OR WIFE <b>Ruby Wilson</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, up or unknown) (If yes, give war or dates of service) <b>Yes W2</b>		16. SOCIAL SECURITY NO. <b>719 18 3320</b>	
17. INFORMANT <b>V.A. Hospital Records, K.C., Mo.</b>		17. INFORMANT Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Atelectasis of lungs</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) _____					4211
DUE TO (c) <b>Recent valvulotomy for aortic stenosis</b>					
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 WORK <input checked="" 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 <b>July 19, 1957</b> to <b>September 12, 1957</b> and observed death occurred at <b>10:10 p</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>A. J. Williams</b>			22b. ADDRESS <b>MD V.A. Hospital, Kansas City, Mo</b>		22c. DATE SIGNED <b>9-13-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
<b>Burial</b>		<b>Sept. 16-1957</b>		<b>Forest Hill Cemetery, Kansas City, Mo</b>	
24. FUNERAL DIRECTOR <b>C. D. Blackman &amp; Son Inc.</b>		ADDRESS <b>11. C. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9-13-57</b>	
26. REGISTRAR'S SIGNATURE <b>neva minshall</b>					

(Licensed Embellisher'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

*W.C. Reine*

Licensed Embalmer No. *4829*

P. O. Address *W.C. Reine*

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.