

FILED NOV 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36240  
STATE FILE NUMBER  
4828  
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTRY: <b>Ireland</b> b. COUNTY <b>AN.T.Y.M.</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>Belfast</b> <input checked="" type="checkbox"/> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Menorah Hospital</b> Length of stay in 1b <b>3 months</b>		d. STREET ADDRESS (If outside, give location) <b>37 Balleysillan Road</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Samuel</b> Middle <b>Wilson</b> Last <b>Wilson</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>16,</b> Year <b>1957</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 10, 1889</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR IF UNDER 24 MRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Police Inspector</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Police</b>	11. BIRTHPLACE (City and state or country) <b>Ireland 4</b>		12. CITIZEN OF WHAT COUNTRY? <b>Ireland</b>
13. FATHER'S NAME. <b>Sam Wilson</b>			14. MOTHER'S MAIDEN NAME <b>Margaret Devoy</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Mrs. Hannah Ledgerwood - K.C. Ks.</b>		

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>Bleeding Esophageal Varices</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
DUE TO (b) <b>Cirrhosis of Liver</b>		
DUE TO (c)		
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 type="checkbox"/> NO <input checked="" 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 <b>11:00 pm</b> Month <b>Oct.</b> Day <b>13,</b> Year <b>1957</b> a. m. p. m.		

20d. INJURY OCCURRED WHILE AT WORK <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 <b>Belfast, Ireland</b> COUNTY STATE
21. I attended the deceased from <b>Oct. 13, 1957</b> to <b>Oct. 16, 1957</b> and last saw him alive on <b>Oct. 16, 1957</b> . Death occurred at <b>11:00 pm</b> m on the date stated above; and to the best of my knowledge, from the cause stated.		
22a. SIGNATURE <b>E. J. Twinn, M.D.</b> (Degree or title)	22b. ADDRESS <b>701 E. 63rd, K.C., Mo.</b>	22c. DATE SIGNED <b>10/18/57</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>10-22-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Dundonald</b>	23d. LOCATION (City, town, or county) <b>Belfast, Ireland</b> (Site)
24. FUNERAL DIRECTOR ADDRESS <b>Fulton Funeral Home, K. C. Ks.</b>		25. DATE RECD. BY LOCAL REG. <b>10-18-57</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>

(Licensed Embalmer's Statement on Reverse Side)

S. 300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

E. J. Twinn

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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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (F 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.