THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005406
STATE FILE NUMBER

FILED MAR 10 1958

Registration District No. 149 Primary Registration District No. 001 Registrar's No. 871

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1. PLACE OF DEATH
a. COUNTY ~~Jadson~~ JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp. — Lat. of Blaine Lief

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Oklahoma b. COUNTY Delaware
c. CITY OR TOWN Grove — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route # 1 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First MR. Middle WILSON W. Last CARLAT
4. DATE OF DEATH Month Feb. Day 16, Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Jan. 20, 1924
9. AGE (In years last birthday) 34 35
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trainee
10b. KIND OF BUSINESS OR INDUSTRY Price Candy Co.
11. BIRTHPLACE (City and state or country) Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Wilson W. Carlat
14. MOTHER'S MAIDEN NAME Virginia Ogden
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. # 2 Army
16. SOCIAL SECURITY NO. 491-20-0358
17. INFORMANT Martha Carlat Address RR# 1, Grove, Okla

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Atrophic Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH 4 mo +
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) — 5810
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 ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 December 1957 to Feb. 16, 1958 and last saw ~~her~~ him alive on 2-16-58
Death occurred at 2:40 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph E. Welker (Degree or title) MD — D
22b. ADDRESS 836 Prof Bldg. K.C. 6 Mo
22c. DATE SIGNED 2-17-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment
23b. DATE Feb. 18, 1958
23c. NAME OF CEMETERY OR CREMATORY Forest Hill Abbey
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS Stine & McClure Und. Co. K.C., Missouri
25. DATE RECD. BY LOCAL REG. 2-18-58
26. REGISTRAR'S SIGNATURE Neva Meinhall

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Joseph E. Welker

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

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.
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.