

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039285

STATE FILE NUMBER

FILED DEC 4 1958 Registration District No. 22 Primary Registration District No. 4134 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>PLATTE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SMITHVILLE, MO.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>PLATTE CITY, MO.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>SMITHVILLE COM. HOSP. 3WKS.</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>CARROLL TWNS.</b>
3. NAME OF DECEASED (Type or print) First <b>LUCY</b> Middle <b>MAUDE</b> Last <b>WILSON</b>			4. DATE OF DEATH Month <b>NOV.</b> Day <b>22,</b> Year <b>1958</b>
5. SEX <b>FEMALE</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>FEB. 17, 1898</b>
9. AGE (In years less birthday) <b>60</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOMEMAKER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>	11. BIRTHPLACE (City and state or country) <b>EDGERTON, MO. c</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>CHARLES B. COCKRILL</b>		13b. MOTHER'S MAIDEN NAME <b>LUCINDA GWINN</b>	14. NAME OF HUSBAND OR WIFE <b>ROSS F. WILSON</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>MRS. FERN BROWN, FERRELVUE, MO.</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>Muscle left femoral vein thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cholecystectomy</b>			<b>14 days</b>
DUE TO (c) <b>Cholecystectomy</b>			<b>586 X</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (If none, state so in parentheses in PART I (a))			19. WAS AUTOPSY PERFORMED? <b>1 YES</b> <input checked="" type="checkbox"/> <b>NO</b> <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 <b>1947</b> to <b>11/22/58</b> and last saw her <b>alive on 11/22/58</b> Death occurred at <b>10 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>H. Graham Packard</b> (Degree or title)		22b. ADDRESS <b>Platte City, Mo</b>	22c. DATE SIGNED <b>11/22/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>11-24-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>PLATTE CITY CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>PLATTE CITY, MO.</b>
24. FUNERAL DIRECTOR <b>MCCOMAS FUNERAL HOME, SMITHVILLE, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>11-24-58</b>	26. REGISTRAR'S SIGNATURE <b>Marquitta Hudgens</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 *Donald W. Hanks* .....

Licensed Embalmer No. *4528* .....  
P. O. Address *Smithville, 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.