

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044507

STATE FILE NUMBER

FILED JAN 5 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5996

300  
1-57 3

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>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2631 Chestnut</b>		Length of stay in 1b <b>About 6 years</b>	d. STREET ADDRESS (If outside, give location) <b>3017 Benton</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>JUNIOR</b> Middle <b>LEE</b> Last <b>WILSON</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>16,</b> Year <b>1958</b>		
---	--	--	---	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 1, 1933</b>	9. AGE (In years last birthday) <b>25</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
-----------------------	----------------------------------	---	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Attendant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Service Station</b>	11. BIRTHPLACE (City and state or country) <b>Charleston, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	---	--	---

13a. FATHER'S NAME <b>John Henry Wilson</b>	13b. MOTHER'S MAIDEN NAME <b>Beatrice Williams</b>	14. NAME OF HUSBAND OR WIFE <b>none</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>498-30-7831</b>	17. INFORMANT <b>John Wilson-1949 N. 3rd. St., Kansas City,</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>Shock.</b>	Kan.	INTERVAL BETWEEN ONSET AND DEATH
--	------	----------------------------------

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) **Hemopericardium - Hemothorax**

DUE TO (c) **Sunshot wound of chest penetrating the Right Ventricle of Heart**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **991X**

19. WAS AUTOPSY PERFORMED?  
YES  NO

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Don't Know</b>
--	---

20c. TIME OF INJURY <b>4:31 p.m. 12/16/58</b>	Hour <b>4:31</b> Month, Day, Year <b>12/16/58</b>
--	---

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>2631 Chestnut (sidewalk)</b>	20f. CITY, TOWN, OR LOCATION <b>Kansas City, Jackson, MO</b>	COUNTY	STATE
---	---	---	--------	-------

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Deputy Coroner</b>	22b. ADDRESS <b>1618 Lydia Ave</b>	22c. DATE SIGNED <b>12/17/58</b>
---	---------------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>12/19/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>-</b>	23d. LOCATION (City, town, or county) <b>Sikeston, Mo.</b>
---	------------------------------	--	---

24. FUNERAL DIRECTOR <b>A. Sterling Hill</b>	ADDRESS <b>1212 Vine St.</b>	25. DATE RECD. BY LOCAL REG. <b>12-18-58</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>
---	---------------------------------	---	---

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

L. M. Tillman

MEDICAL CERTIFICATION

MAR 1 1961

2  
1

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 *E. Sterling Bills*

Licensed Embalmer No. 3178.....

P. O. Address 1212 Vine St., Kansas

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.