

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005955

STATE FILE NUMBER

446

FILED FEB 17 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

300  
-57 D

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Jackson c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		Length of stay in lb 50 yrs.		d. STREET ADDRESS 5419 Bellevue (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Wilhelmina - Wasson			4. DATE OF DEATH Month Day Year January 22, 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 26, 1884	9. AGE (In years less birthday) 74	IF FUNDER 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) President		10b. KIND OF BUSINESS OR INDUSTRY Wasson Fabric Co.		11. BIRTHPLACE (City and state or country) Carrollton, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William McIntyre		13b. MOTHER'S MAIDEN NAME Mary Jane Heiple	
14. NAME OF HUSBAND OR WIFE G. Guy Wasson		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-26-3123	
17. INFORMANT Wm. H. Wasson, 8808 Minnehaha Lane, K.C. Mo.		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) Uremic Intoxication Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive & Arteriosclerotic C.V. Dis. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) INTERVAL BETWEEN ONSET AND DEATH 3 wks. 10 yrs.	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year 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		COUNTY		STATE	
21. I attended the deceased from OCT 10, 1950, to JAN 22, 1959 and last saw him alive on JAN 21, 1959 Death occurred at 7:40 AM m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Donald J. Smith, M.D.		22b. ADDRESS 8023 Santa Fe Dr. Overland Park, Mo.	
22c. DATE SIGNED 1/23/59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-24-59	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) Kansas City, Mo.		(State)	
24. FUNERAL DIRECTOR Melody-McGilley-Eylar, 20 W. Linwood		ADDRESS		25. DATE RECD. BY LOCAL REG. 1-23-59	
26. REGISTRAR'S SIGNATURE Heva Marshall					

All diseases in Part I must be causally related.

Donald J. Smith 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 *Wm H Gentry* .....

Licensed Embalmer No. *5038* .....

P. O. Address *K.C. 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.