

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-029386**

FILED VS SEP 4 1959

149

1002

4021

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

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>		Length of stay in 1b <b>60 yrs</b>	c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2504 E. 24th Terrace</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2504 E. 24th Terrace</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>CARL R. WILSON</b>			4. DATE OF DEATH Month Day Year <b>August 14, 1959</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</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>12-26-1885</b>	9. AGE (last birthday) <b>73 yrs.</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Public Service Co.</b>	11. BIRTHPLACE (City and state or country) <b>Greenfield, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Sam Wilson</b>	13b. MOTHER'S MAIDEN NAME <b>Emma Stevenson</b>	14. NAME OF HUSBAND OR WIFE <b>Flora Wilson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If Yes, give war or dates of service) <b>Yes WNI</b>	16. SOCIAL SECURITY NO. <b>487-05-5833</b>	17. INFORMANT Address <b>Flora Wilson 2504 E. 24th Terrace</b>
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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>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerosis</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) <b>not known</b>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SW/DEATH/HOMICIDE <b>Neither</b>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>none</b>
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20c. TIME OF INJURY Hour Month Day Year <b>none</b>
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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 <b>Kansas City, Jackson Mo</b>
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21. I attended the deceased from **12 April 59** to **14 Aug 59** and last saw him live on **14 Aug 59**  
Death occurred at **14 Aug 59 8:15 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Describe by title) <b>John H. Wells, MD</b>	22b. ADDRESS <b>401 Linwood Blvd</b>	22c. DATE SIGNED <b>17 Aug 59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>8-20-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Ft. Leavenworth, Kans.</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Watkins Bros. Funeral Home 18th &amp; Benton</b>	25. DATE RECD. BY LOCAL REG. <b>8-18-59</b>	26. REGISTRAR'S SIGNATURE <b>neva minimal</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF JOHN H. WELLS

*Handwritten signature*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student-Embalmer

Signed *Nichola Green*

Licensed Embalmer No. *4721*

P. O. Address *18th & Be*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.