RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 7 1959

59–032659
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4622

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 52yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3830 E. 63rd ST. — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3830 E. 63 rd ST. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First / Middle / Last: BEULAH E. WILSON
4. DATE OF DEATH Month / Day / Year: SEPT 21, 1959
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-17 84
9. AGE (last birthday): 75 YRS. — IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INSURANCE ERNEST U. WINEGARNER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): LEBANON, MO.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: WILLIAM WILSON
13b. MOTHER'S MAIDEN NAME: MARTHA SHIPMAN
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 487 03 5994
17. INFORMANT: ELLA WILSON LEAVITT Address: 3830 EAST63 rd ST.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerberal Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 30 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension — 2 years.
DUE TO (c): Myocarditis — 6 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 Sept. 20 '59 to Sept. 21 '59 and last saw her/him alive on Sept. 21 59.
Death occurred at 11:25 a.m. 9/21/59 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Dr James J. Critten (Degree or title) M.D.
22b. ADDRESS: 3119 Troost St KC Mo
22c. DATE SIGNED: 9/21/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: SEPT 24, 1959
23c. NAME OF CEMETERY OR CREMATORY: MT. WASHINGTON CEM
23d. LOCATION (City, town, or county) (State): KANSAS CITY, MO.
24. FUNERAL DIRECTOR: D. W. NEWCOMER'S SONS K. C. MO. ADDRESS:
25. DATE RECD. BY LOCAL REG.: 9-22-59
26. REGISTRAR'S SIGNATURE: Neva Minchall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Informant DOCUMENT

MEDICAL CERTIFICATION James J. Critten

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_____ Signed Raymond M. Hard

Signature of Student Embalmer

Licensed Embalmer No. 491

P. O. Address Indep. M

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