OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 21 1959

'59 044380

STATE FILE NUMBER

MENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5828

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 60 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1324 E 9th.
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) 1324 E 9th
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First BIRDIE Middle Last WILSON

4. DATE OF DEATH Month 12 Day 1 Year 59

5. SEX M

6. COLOR OR RACE W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 6-25-95

9. AGE (last birthday) 64

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) Driller

10b. KIND OF BUSINESS OR INDUSTRY Rock Quarries

11. BIRTHPLACE (City and state or country) Pleasant Hill, Mo

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Thomas Wilson

13b. MOTHER'S MAIDEN NAME Adeline Pine

14. NAME OF HUSBAND OR WIFE Dorothy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 7-22-18 1-26-19

16. SOCIAL SECURITY NO. 500-03-3490

17. INFORMANT Flo Parrish Address Indep Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Extra dural & sub arachnoid

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

DUE TO (b) hemorrhage fractured skull

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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.) alleged to have been injured

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year days ago. Exact time unknown

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.) Hotel

20f. CITY, TOWN, OR LOCATION Kans City COUNTY Jackson STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh O. Owens (Degree or title) Coroner

22b. ADDRESS 1034 Realto Bldg

22c. DATE SIGNED 12-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12-4-59

23c. NAME OF CEMETERY OR CREMATORY Blue Springs Cem

23d. LOCATION (City, town, or county) (State) Blue Springs Mo

24. FUNERAL DIRECTOR Sebastos K.C. Mo

ADDRESS

25. DATE RECD. BY LOCAL REG. 12-3-59

26. REGISTRAR'S SIGNATURE Neva Minchell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Hugh O. Owens

VS DEC 22 1959

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 Forrest D Collamore

Licensed Embalmer No. 4714

P. O. Address Keno.

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