DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 21 1959

'59 044383

STATE FILE NUMBER

MENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5891

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: 39yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1000 Independence Ave. — Inside Limits Yes [X] 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 [X] No [ ]
d. STREET ADDRESS (If outside, give location) 814 Independence Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First LUKE; Middle SHADRIC; Last WILSON
4. DATE OF DEATH: Month 12; Day 5; Year 59
5. SEX: male
6. COLOR OR RACE: Negro
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 5-6-1900
9. AGE (last birthday): 59
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): truck driver
10b. KIND OF BUSINESS OR INDUSTRY: Western Transfer
11. BIRTHPLACE (City and state or country): Calloway County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Evadean Wilson
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.: 495-05-6724
17. INFORMANT: Edward T. Wilson Address: 3840 Bales

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Internal Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Left Hemothorax.
DUE TO (c) Penetrating Gunshot Wounds of Left Chest.
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 [X] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [X]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour ~~Min.~~ p.m. 8:30; Month, Day, Year 12/5/1959
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1000 Independence Ave.
20f. CITY, TOWN, OR LOCATION: Kansas City; COUNTY: Jackson; STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw he/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF L. M. Tillman

22a. SIGNATURE (Degree or title) L. M. Tillman M.D. Deputy Coroner
22b. ADDRESS 1618 Lydia Ave.
22c. DATE SIGNED 12/6/59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 12-9-59
23c. NAME OF CEMETERY OR CREMATORY: Highland
23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR: Watkins Bros. Fu. Home ADDRESS: 18th Benton
25. DATE RECD. BY LOCAL REG.: 12-7-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Bruce R. Watts

Signature of Student Embalmer

Licensed Embalmer No. 4500

P. O. Address 18 [illegible] Bunte

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