

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 3 1960

149

-60-006692

972

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. _____

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 23 days c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY PLATTE c. CITY OR TOWN DEARBORN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last LEWIS COBURN WILSON			4. DATE OF DEATH Month Day Year FEBRUARY 14, 1960				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-4-95	9. AGE (last birthday) 64	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY OWEN CO., KY.		11. BIRTHPLACE (City and state or country) U.S.A. 12. CITIZEN OF WHAT COUNTRY			
13a. FATHER'S NAME LOUIS R. WILSON		13b. MOTHER'S MAIDEN NAME NANNIE MUNLEY		14. NAME OF HUSBAND OR WIFE Armilda			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. -		17. INFORMANT Armilda Wilson Wife Dearborn, Missouri Official Records VA Hospital, K. C., 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) Peritonitis DUE TO (b) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Chronic ulcerative colitis with perforation 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. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown					INTERVAL BETWEEN ONSET AND DEATH		
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 a.m. p.m. Month, Day, Year		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 1-22-60 to 2-14-60 <i>ad/ass/adv/phys/n/gh/</i> Death occurred at 6:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>J. A. Turner, M.D.</i> (Deceased or title)			22b. ADDRESS VA Hospital, Kansas City, Mo.		22c. DATE SIGNED 2-15-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-17-1960	23c. NAME OF CEMETERY OR CREMATORY Dearborn Cemetery		23d. LOCATION (City, town, or county) (State) Dearborn, Missouri		
24. FUNERAL DIRECTOR ADDRESS Vaughn-Aufreno Dearborn, Mo.			25. DATE RECD. BY LOCAL REG. 2.17.60		26. REGISTRAR'S SIGNATURE <i>new mitchell</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 W. B. Vaughn

Licensed Embalmer No. 2023

P.O. Address Weston, Va.

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.