

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037284

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
ITEM NO.  
BY AFFIDAVIT OF

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4987 STATE FILE NUMBER

FILED OCT 19 1961

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 **72 YEARS**  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **2702 E. LINWOOD LINMONT NURSING HOME** 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) **2702 EAST LINWOOD** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
**JESSIE M WILSON** **10 2 1961**

5. SEX **FEMALE** 6. COLOR OR RACE **CAUCASIAN** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **---** 9. AGE (last birthday) **73** 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) **ACCOUNTANT** 10b. KIND OF BUSINESS OR INDUSTRY **MAQUOKETA, IOWA** 11. BIRTHPLACE (City and state or country) **U. S. A.** 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME **JOHN S. WILSON** 13b. MOTHER'S MAIDEN NAME **MARY FORNEY** 14. NAME OF HUSBAND OR WIFE **---**

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. **---** 17. INFORMANT **BANCROFT M. TAPP** Address **HOME SAVINGS BLDG KANSAS CITY, 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) **Coronary Occlusion** INTERVAL BETWEEN ONSET AND DEATH **acute**  
DUE TO (b) **Arterio-sclerotic heart disease 16 yrs**  
DUE TO (c) **General Arterio-sclerosis**  
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 Aug 3 - 1957 to Oct. 2 - 1961 and last saw her alive on Sept. 29, 1961  
Death occurred at 9:09 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **A. Boyer D.O.** 22b. ADDRESS **11111 5529 Troost KCMO** 22c. DATE SIGNED **10/3/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **OCT. 6, 1961** 23c. NAME OF CEMETERY OR CREMATORY **ELMWOOD CEMETERY** 23d. LOCATION (City, town, or county) (State) **KANSAS CITY MISSOURI**

24. FUNERAL DIRECTOR **D.W. NEWCOMER'S SONS** ADDRESS **1331 BRUSH CR. KANSAS CITY, MO.** 25. DATE RECD. BY LOCAL REG. **10-6-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

**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 Henry C. Clemens

Licensed Embalmer No. 4050

P. O. Address Pleasant Hill

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.