

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037286

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

5446

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

**FILED NOV 13 1961**

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|                                                                                                                                                                                                                             |                                                                                                           |                                                                                                                                                             |                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>                                                                                                                                                                               |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                  |                                                                                                                                                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City 39, Mo.</b>                                                                                                                             |                                                                                                           | Length of stay in 1b<br><b>1 1/2 days</b>                                                                                                                   | c. CITY OR TOWN <b>Independence</b>                                                                                                                                  |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jackson County Hosp.</b>                                                                                                                     |                                                                                                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                        | d. STREET ADDRESS (If outside, give location)<br><b>9142 Wilson Rd.</b>                                                                                              |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Mary</b> Middle <b>E.</b> Last <b>Wilson</b>                                                                                                                                |                                                                                                           | 4. DATE OF DEATH<br>Month <b>10</b> Day <b>28</b> Year <b>1961</b>                                                                                          |                                                                                                                                                                      |
| 5. SEX<br><b>Female</b>                                                                                                                                                                                                     | 6. COLOR OR RACE<br><b>White</b>                                                                          | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>5/15/1875</b>                                                                                                                                 |
| 9. AGE (last birthday)<br><b>86</b>                                                                                                                                                                                         |                                                                                                           | IF UNDER 1 YEAR<br>Months _____ Days _____                                                                                                                  | IF UNDER 24 HR<br>Hours _____ Min. _____                                                                                                                             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWIFE</b>                                                                                                             |                                                                                                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>DOMESTIC</b>                                                                                                        | 11. BIRTHPLACE (City and state or country)<br><b>ABELINE, KANSAS</b>                                                                                                 |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>                                                                                                                                                                                |                                                                                                           | 13a. FATHER'S NAME<br><b>NATHAN HENRY LEWIS</b>                                                                                                             |                                                                                                                                                                      |
| 13b. MOTHER'S MAIDEN NAME<br><b>SARAH JANE ONEIL</b>                                                                                                                                                                        |                                                                                                           | 14. NAME OF HUSBAND OR WIFE<br><b>CHAS. D. WILSON- Dec'd.</b>                                                                                               |                                                                                                                                                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><b>NO</b>                                                                                                      |                                                                                                           | 16. SOCIAL SECURITY NO.<br><b>NONE</b>                                                                                                                      | 17. INFORMANT<br><b>Chas. D. Wilson, Jr. 1903 Norton, Indep., Mo.</b>                                                                                                |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Intracranial hemorrhage</b>                                                              |                                                                                                           |                                                                                                                                                             | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 day</b>                                                                                                                     |
| DUE TO (b) <b>Trauma (fell at home)</b>                                                                                                                                                                                     |                                                                                                           |                                                                                                                                                             | <b>1 day</b>                                                                                                                                                         |
| DUE TO (c) _____                                                                                                                                                                                                            |                                                                                                           |                                                                                                                                                             |                                                                                                                                                                      |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                           | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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<br>Hour _____<br>a.m. _____<br>p.m. _____                                                                                                                                                               | Month, Day, Year                                                                                          |                                                                                                                                                             |                                                                                                                                                                      |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>NOT WHILE AT WORK <input checked="" 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 <b>10-27-61</b> to <b>10-28-61</b> and last saw her <b>10-27-61</b><br>Death occurred at <b>3:45 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated. |                                                                                                           |                                                                                                                                                             |                                                                                                                                                                      |
| 22a. SIGNATURE<br><b>Charles A. Kendall MD</b> (Degree or title)                                                                                                                                                            |                                                                                                           | 22b. ADDRESS<br><b>10901 Wanner Road Indep.</b>                                                                                                             | 22c. DATE SIGNED<br><b>10-27-61</b>                                                                                                                                  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>                                                                                                                                                                  | 23b. DATE<br><b>10-30-61</b>                                                                              | 23c. NAME OF CEMETERY OR CREMATORY<br><b>FLORAL HILLS CEMETERY</b>                                                                                          | 23d. LOCATION (City, town, or county) (State)<br><b>KANSAS CITY, MO.</b>                                                                                             |
| 24. FUNERAL DIRECTOR<br><b>GEO. C. CARSON &amp; SONS, INDEPENDENCE, MO.</b>                                                                                                                                                 |                                                                                                           | 25. DATE RECD. BY LOCAL REG.<br><b>10-31-61</b>                                                                                                             | 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b>                                                                                                                        |

Charles A. Kendall

10-31  
T. Tyler  
no record  
no record  
no record

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 Charles F. Tyler

Licensed Embalmer No. 4534

P. O. Address Liberty Mo.

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.