

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032566

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 397
FILED AUG 29 1963

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 7005

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Length of stay in 1b	c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence Sanit. & Hosp			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 10111 E. 11th	
3. NAME OF DECEASED (Type or print) First BRYAN Middle LEE Last Wilson			4. DATE OF DEATH Month Aug. Day 25 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-25-1963	9. AGE (last birthday) 0	IF UNDER 1 YEAR Months Days Hours Min. 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) Independence, Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Jay J. Wilson		13b. MOTHER'S MAIDEN NAME Marilyn G. Williams	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Jay J. Wilson 10111 E. 11th Indep. Mo.		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest DUE TO (b) apnea DUE TO (c) Prematurity (Birth wt 2# 12 oz) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? 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 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 Independence		COUNTY Jackson		STATE Missouri	
21. I attended the deceased from 10:30 a.m. to 1:30 p.m. and last saw her alive on 8-25-63 11 p.m. Death occurred at 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree or title) Quilla Walker Jr. M.D.		
22b. ADDRESS 11200 Winner Road		22c. DATE SIGNED 8/26/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-27-63		23c. NAME OF CEMETERY OR CREMATORY MOUND GROVE CEMETERY	
23d. LOCATION (City, town, or county) INDEPENDENCE, MO.		24. FUNERAL DIRECTOR Geo. C. Carson & Sons Independence, Mo.		25. DATE RECD. BY LOCAL REG. 8-27-63	
26. REGISTRAR'S SIGNATURE Alba L Craig					

USE BLACK INK OR TYPEWRITER RIBBON

8-27-63

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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 *Floyd C. Larson*

Licensed Embalmer No. 4199

P. O. Address Frederic, Md

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.