

X  
No. 300  
10-48

FILED MAR 8 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5347  
State File No. ....  
865

BIRTH NO. .... REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

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, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 7 Years		d. STREET ADDRESS (If rural, give location) 1612 Jefferson	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION D. O. General Hospital			
3. NAME OF DECEASED a. (First) Calvin (Type or Print)		b. (Middle) - c. (Last) Wishkeno	
5. SEX Male		6. COLOR OR RACE Red	
7. MARRIED, NEVER MARRIED, WIDWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12-27-1916	
9. AGE (In years last birthday) 35		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
11. BIRTHPLACE (State or foreign country) Mayetta, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Arthur Wishkeno		13b. MOTHER'S MAIDEN NAME No Record	
14. NAME OF HUSBAND OR WIFE Lavina Wishkeno		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # 2	
16. SOCIAL SECURITY NO. 509-18-1894		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lavina Wishkeno	
18. ADDRESS 1612 Jefferson			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Shock + Renal blood poisoning</i>		INTERVAL BETWEEN ONSET AND DEATH  0 11/16 24
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>from rupture of left side of the abdomen + displacement of left kidney + injury to left chest. Travel to the products of left chest, left hand + arm</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Johnson Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-22-52 4:30 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? From car collision	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Geo. C. Kealhofer (Degree or title)		23b. ADDRESS 4050 Broadway Kansas		23c. DATE SIGNED 2-23-52	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE Feb. 23 1952		24c. NAME OF CEMETERY OR CREMATORY Mayetta	
24d. LOCATION (City, town, or county) (State) Mayetta Kansas		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. C.L. Forster 918 Brooklyn K.C. Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 .....  
Student Embalmer

Signed Theron A. Redman.....

Licensed Embalmer No. 2737.....

P. O. Address 80. 2nd.....

**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 this body is not embalmed, fact should be so stated above.