

No. 300
10-48

JAN 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42574

BIRTH NO.		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5569		Registrar's No. 525	
1. PLACE OF DEATH a. COUNTY Jackson <i>Brookings</i>				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 Rural				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 0480			
d. FULL NAME OF HOSPITAL OR INSTITUTION U.S. Hiway #50 & James Reed Rd.				d. STREET ADDRESS (If rural, give location) 105th & Blue Ridge			
3. NAME OF DECEASED (Type or Print) a. (First) Herbert		b. (Middle) Charles		c. (Last) WHEELDON		4. DATE OF DEATH (Month) (Day) (Year) Dec. 24, 1952	
5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 24, 1928	
9. AGE (In years last birthday) 24		10. IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? U S	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic				10b. KIND OF BUSINESS OR INDUSTRY Casper Brake & Clutch		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.	
13a. FATHER'S NAME Herbert C. Wheelton Sr.		13b. MOTHER'S MAIDEN NAME Georgia C. Jones		14. NAME OF HUSBAND OR WIFE Martha J. Wheelton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War # 2 495-24-3318		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Martha J. Wheelton 105th & Blue Ridge KCMo			
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.		<p align="center">MEDICAL CERTIFICATION</p> <p>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Fractured Skull, Ruptured Liver, Splenic Fracture</i></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Both Legs</i></p> <p>2. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.</p>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		048 88124 25	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, on hlg., etc.) <i>Street</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Jackson Mo. W</i>		21f. HOW DID INJURY OCCUR? <i>Struck by a Car</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>12-24-52</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>Margaret Queen's Corner</i>		(Degree or title) 3		23b. ADDRESS <i>1034 Piquette Blvd.</i>		23c. DATE SIGNED <i>12-25-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>12-27-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Floral Hills</i>		24d. LOCATION (City, town, or county) (State) <i>Kansas City Mo.</i>	
DATE REC'D BY LOCAL REG. <i>12-27-52</i>		REGISTRAR'S SIGNATURE <i>R. M. Kelly</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Mellody-McGilley-Eylar</i>		ADDRESS <i>Kansas City, Mo.</i>	

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

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FEB 16 1953

JAN 16 1953

MAR 20 1953

JAN 27 1953

MAR 17 1953

MM

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

F. Lee Schaberg

Licensed Embalmer No. *4593*

P. O. Address *Adessa, 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 this body is not embalmed, fact should be so stated above.