

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39345**  
**5199**

FILED NOV 19 1953

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>  |  |
| c. LENGTH OF STAY (In this place) <u>50 YEARS</u>   |  |  |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>CAMPBELL NURSING HOME</u> |  | d. STREET ADDRESS (If rural, give location) <u>1934 KENSINGTON STREET</u>  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIA</u> b. (Middle) <u>D.</u> c. (Last) <u>WHEAT</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>11-1-1953</u> |  |  |
|--|--|--|--|--|--|

|                      |                               |   |                                   |   |   |  |
|----------------------|-------------------------------|---|-----------------------------------|---|---|--|
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>3-27-1864</u> | 9. AGE (in years last birthday) <u>89</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Mins. _____ |
|----------------------|-------------------------------|---|-----------------------------------|---|---|--|

|  |   |  |   |
|--|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>NEW MARKET, MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--|---|--|---|

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME <u>JOHN J. SCOTT</u> | 13b. MOTHER'S MAIDEN NAME <u>JANE CARSON</u> | 14. NAME OF HUSBAND OR WIFE <u>B. C. WHEAT</u> |
|---|--|--|

|   |                                     |  |               |
|---|-------------------------------------|--|---------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. L. R. GOTTSCHALL K. C. MO.</u> | ADDRESS _____ |
|---|-------------------------------------|--|---------------|

|  |   |  |   |
|--|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 weeks</u><br><br><u>1 yr.</u><br><br><u>332X</u> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cerebral Thrombosis</u>   |  |   |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerosis</u><br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>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 type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------|--|--|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ |
|--|--|---|

|   |  |                                  |
|---|--|----------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
|---|--|----------------------------------|

22. I hereby certify that I attended the deceased from July 1, 1953, to Nov 1, 1953, that I last saw the deceased alive on Oct 21, 1953, and that death occurred at 11 P. m., from the causes and on the date stated above.

|  |                                      |                                 |
|--|--------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>John K. Caldwell</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>Kansas City, Mo.</u> | 23c. DATE SIGNED <u>11/2/53</u> |
|--|--------------------------------------|---------------------------------|

|  |                            |   |  |
|--|----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 24b. DATE <u>11-4-1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, KANSAS</u> |
|--|----------------------------|---|--|

|   |   |   |               |
|---|---|---|---------------|
| DATE REC'D BY LOCAL REG. <u>11-2-53</u> | REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>GATES FUNERAL HOME, KANSAS CITY, KANSAS</u> | ADDRESS _____ |
|---|---|---|---------------|

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

Dr. John X. Co  
Argyle B  
HA 1454

**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

*Jimmy S. Hubshorn*

Licensed Embalmer No. *4092*

P. O. Address *Missouri, Kansas*

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.