

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12217**
1434
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE KANSAS b. COUNTY WYANDOTTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C. GENERAL HOSPITAL No. 1		STREET ADDRESS (If rural, give location) 5202 FOREST STREET	

3. NAME OF DECEASED (Type or Print) a. (First) RICHARD b. (Middle) MORDY c. (Last) WHEELER	4. DATE OF DEATH (Month) (Day) (Year) MARCH 27 1955					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT-21-1921	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WELDER	10b. KIND OF BUSINESS OR INDUSTRY U.S. STEEL CORP.	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY MISSOURI	12. CITIZENRY OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME HOWARD JULIAN WHEELER	13b. MOTHER'S MAIDEN NAME LAURALEONA BELTER	14. NAME OF HUSBAND OR WIFE MRS. MARY LOUISE WHEELER
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLDWARI	16. SOCIAL SECURITY NO. 497-14-1129	17. INFORMANT'S SIGNATURE OR NAME MRS. MARY LOUISE WHEELER	ADDRESS 5202 FOREST ST KANSAS, MO.
--	---	--	--

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Skull fracture		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 88 1/2
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Cerebral Hemorrhage, Roms		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO Thalams		

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 Street	21b. PLACE OF INJURY (e.g. in or about home, shop, factory, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3:27 55	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Slipped on floor of bank

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 **7:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens	(Degree or title) Coroner	23b. ADDRESS 1034 Chilton Bldg	23c. DATE SIGNED 3-28 55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 31 1955	24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG 3-30-55	REGISTRAR'S SIGNATURE Neval Marshall	25. FUNERAL DIRECTOR'S SIGNATURE D.P. Newcomer	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT 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 *Albert F. Savage*

Licensed Embalmer No. *48*

P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.