

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1956

State File No. 40965

5521

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) KANSAS CITY		c. LENGTH OF STAY (in this place) 41 YEARS		c. CITY OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION DELORA REST HOME, 622 BENTON		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
		• STREET ADDRESS (If rural, give location) 230 ASKEW AVENUE		3368	

3. NAME OF DECEASED (Type or Print) MRS. SENA			a. (First)			b. (Middle)			c. (Last) WHEELER			4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 17 1955		
---	--	--	------------	--	--	-------------	--	--	--------------------------	--	--	---	--	--

5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 7, 1889		9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hour Min.	
-------------------------	--	----------------------------------	--	--	--	--	--	--	--	--------------------------------	--	------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY AT HOME			11. BIRTHPLACE (City and State or Foreign Country) NEBRASKA			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
---	--	--	---	--	--	---	--	--	---	--	--

13a. FATHER'S NAME ANDREW JORGENSEN			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE FRANKS WHEELER		
---	--	--	---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME FRANKS WHEELER, 2303 ASKEW, K.C. MO.				ADDRESS	
---	--	--	--	--	--	--	--	---------	--

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Alzheimer's Disease						INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						3057	

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) Kansas City Jackson Mo.	
--	--	--	--	---	--

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 **Oct 15, 1952** to **Dec 17, 1955**, that I last saw the deceased alive on **Dec 16, 1955**, and that death occurred at **10:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Richard L. Lehner (Degree or title)		23b. ADDRESS 1102 9th Kansas City, Mo.		23c. DATE SIGNED 12/18/55	
---	--	--	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 19, 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. 12-19-55		REGISTRAR'S SIGNATURE Neve Marshall		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer Sons, Kansas City, Mo.		ADDRESS 1331 DRURY AVE	
---	--	---	--	---	--	----------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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..... *John B Lewis*
Licensed Embalmer No..... *48*
P. O. Address..... *K C M*

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.