

FILED AUG 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27308

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 319

1. PLACE OF DEATH a. COUNTY <u>Jackson 0485</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence 0485</u>	
c. LENGTH OF STAY (In this place) <u>7 m.</u>		d. STREET ADDRESS (If rural, give location) <u>130 E. Farmer 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>130 E. Farmer</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Johnnie</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Wheat</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 24 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid.</u>	8. DATE OF BIRTH <u>1875-Nov. 16 75</u>	9. AGE (In years last birthday) <u>75</u> If under 1 year: Months _____ Days _____ If under 12 hrs: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Independence Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Schmieder</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jane - Lauraschmieder, deceased</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>496-26-5536</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cora Thompson 130 E. Farmer</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>16 ds.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hy per tension</u> DUE TO (c) _____ 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 <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Aug 8, 1951 to Aug. 24, 1951, that I last saw the deceased alive on Aug 23, 1951, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. H. Griffin M.D.</u>	23b. ADDRESS <u>Independence Mo</u>	23c. DATE SIGNED <u>8-25-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 27 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Independence Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug. 27-1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Adkins Bros Funeral Home</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

AUG 30 REED

SEP 26 1961

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed P Kenneth Kuyfok

Licensed Embalmer No. 4457

P. O. Address 2600 Empire

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.