

FILED FEB 9 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1582  
416

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. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 501 W. 10th St.		d. STREET ADDRESS (If rural, give location) 501 W. 10th St. 3/11	

3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) Oscar c. (Last) Wisherd			4. DATE OF DEATH (Month) (Day) (Year) 1-24-52		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH Nov. 26, 1888		9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Kent Products	
11. BIRTHPLACE (State or foreign country) Adams, Neb.		12. CITIZEN OF WHAT COUNTRY U.S.			

13a. FATHER'S NAME SAMUEL		13b. MOTHER'S MAIDEN NAME Alice Hurley		14. NAME OF HUSBAND OR WIFE Zella Wisherd	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) W.W.I.		16. SOCIAL SECURITY NO. 425-07-5065		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Nazel Wisherd: Lincoln, Nebr.	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic heart disease				4200	
DUE TO (c) Atherosclerosis of arteries		2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Embolism of lungs					
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)		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) m.		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 \_\_\_\_\_, 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 Geo. C. Kealhofer (Degree or title) Rev. C. Kealhofer, M.D., M.P.H., M.P.H.		23b. ADDRESS 4050 Broadway, St. Louis, Mo.		23c. DATE SIGNED 1-25-52	
24a. BURIAL, CREMATION, REMOVAL REMOVAL		24b. DATE 1-25-52		24c. NAME OF CEMETERY OR CREMATORY WYUKA CEMETERY	
24d. LOCATION (City, town, or county) (State) LINCOLN, NEBRASKA		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Blaine Weibert, Kansas City, Mo.			
DATE REC'D BY LOCAL REG. 1-26-52		REGISTRAR'S SIGNATURE Geraldine Holmes			

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 .....  
Student Embalmer

Signed.....

*B. E. Weiler*

Licensed Embalmer No. *4075*

P. O. Address..... *P. O. S. 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.