

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41319

State File No. _____

5472

FILED DEC 27 1954

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Miami</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>7 Days</u>		c. CITY OR TOWN <u>Paolo</u>		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 <u>Wheatly Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>305 W. 3rd 81508</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Wimbush</u>	
4. DATE OF DEATH		(Month) <u>11</u>		(Day) <u>27</u>		(Year) <u>1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April-21, 1907</u>	
9. AGE (In years last birthday) <u>47</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MP Foot Industry</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>W. Lyssess Wimbush</u>		13b. MOTHER'S MAIDEN NAME <u>Maratha</u>		14. NAME OF HUSBAND OR WIFE <u>Josephine Wimbush</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>432-05-5502</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John Wimbush Paolo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Peritonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perforated Gastric ulcer</u> DUE TO (c) <u>Gastric ulcer</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>8 days</u> <u>?</u> <u>5401</u>	
19a. DATE OF OPERATION <u>11-20-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Perforated Gastric Ulcer & General Peritonitis</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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 <u>11-20</u> , 19 <u>54</u> , to <u>11-27</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11-26</u> , 19 <u>54</u> , and that death occurred at <u>10:49</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Leo A. O'Brien M.D.</u>				23b. ADDRESS <u>306 E12 K.C. Mo.</u>		23c. DATE SIGNED <u>11-27-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-27-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Paolo Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Paolo Kansas</u>	
DATE REC'D BY LOCAL REG. <u>11-27-54</u>		REGISTRAR'S SIGNATURE <u>never install</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ray Wilson Paolo, Kans.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Leo A. O'Brien

DEC 27 1954

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

*Removed to Parlor
not Embalmed*

Signed

Licensed Embalmer No.

P. O. Address

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.