

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 1 - 1955

State File No. **1097**
Registrar's No. **159**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS				b. COUNTY JOHNSON		
b. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) NON RESIDENT		c. CITY OR TOWN MISSION HILLS		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 D.O.A. GENERAL HOSPITAL				STREET ADDRESS (If rural, give location) 2601 WEST 64TH STREET				81508		
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) BURTON c. (Last) CHEESEMAN			4. DATE OF DEATH JANUARY 11, 1955							
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 29, 1917		9. AGE (in years last birthday) 37		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) M.D. - SURGEON		10b. KIND OF BUSINESS OR INDUSTRY 701 EAST 63RD ST.		11. BIRTHPLACE (City and State or Foreign Country) STURGEON BAY, WISCONSIN		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME CHARLES C. CHEESEMAN			13b. MOTHER'S MAIDEN NAME CLARA STOCKDYK			14. NAME OF HUSBAND OR WIFE ETHEL CHEESEMAN				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. N.W. 2		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Cheeseman		ADDRESS 2601 W. 64TH ST.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe Medialastical Hemorrhage, Rupture of the aorta + crushing injury to the chest due to automobile trauma ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) automobile trauma II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 8 1/2 H 31		
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		21b. PLACE OF INJURY (e.g., in or about home, farm, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, Mo						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-11-55 1:30 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? His car struck safety island						
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 _____ A.m., from the causes and on the date stated above.										
23a. SIGNATURE Geo. C. Kealhofer (Degree or title) 3				23b. ADDRESS 6627 Brookside Dr. Mo				23c. DATE SIGNED 1-11-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN-12-1955		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY		24d. LOCATION (City, town, or county) (State)* KANSAS CITY MISSOURI				
DATE REC'D BY LOCAL REG. 1-12-55		REGISTRAR'S SIGNATURE Wesley Marshall		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer ADDRESS 1331 BROADWAY KANSAS CITY, MISSOURI						

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 *Rollie Kessel*.....

Licensed Embalmer No. *469*.....

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.