

FILED APR 23 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014529

STATE FILE NUMBER
1784

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1784

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY 478
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Length of stay in lb 23 DAYS Life	d. STREET ADDRESS (If outside, give location) 3422 JEFFERSON
3. NAME OF DECEASED (Type or print) First Middle Last ANDREW J. WHOLEY			4. DATE OF DEATH Month Day Year APRIL 6, 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-23-91
9. AGE (In years last birthday) 67		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) Retired OILER		10b. KIND OF BUSINESS OR INDUSTRY BURLINGTON R. R.	11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME DENNIS WHOLEY	
13b. MOTHER'S MAIDEN NAME Mary O'Connell		14. NAME OF HUSBAND OR WIFE Minnie Wholey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 17-30-17 to 5-17-19488-22-3293	17. INFORMANT Address VA HOSPITAL, OFFICIAL RECORDS
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) sub total gastro-ectomy Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) duodenal ulcer DUE TO (c) Chronic Diffuse Peritonitis			INTERVAL BETWEEN ONSET AND DEATH 5410
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. Attended the deceased from 2-14-58 to 4-6-58 / and / days / to / day / of / month / ✓ Death occurred at 6:50 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert F. Flinner MD		22b. ADDRESS V.A. HOSPITAL K.C. MO	22c. DATE SIGNED 4-6-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APR 9 1958	23c. NAME OF CEMETERY OR CREMATORY ST. MARYS CEME.	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.
24. FUNERAL DIRECTOR ADDRESS MELLODY MCGILLEY CYLAR 20 W. LINWOOD		25. DATE RECD. BY LOCAL REG. 4-7-58	26. REGISTRAR'S SIGNATURE Neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc., must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Robert F. Flinner

SEP 30 1958

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 *E. P. Gibson*

Licensed Embalmer No. *4137*
P. O. Address *Excelsior Spgs. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.