

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040292

STATE FILE NUMBER
5269

FILED NOV 24 1958 Registration District No. 149 Primary Registration District No. 1007 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. 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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5609 Chestnut		Length of stay in lb 50 years	d. STREET ADDRESS (If outside, give location) 5609 Chestnut		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CATHERINE F. WINTERHALTER			4. DATE OF DEATH Month Day Year Nov. 6, 1958			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 9, 1900	9. AGE (In years Last birthday) 58	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Parsons, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME William E. Quinlan		13b. MOTHER'S MAIDEN NAME Catherine Gurry		14. NAME OF HUSBAND OR WIFE James C. Winterhalter		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 486-05-6673	17. INFORMANT Address Mrs. Catherine Homan - 3411 Cedar - Indep. Mo				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the Caecum - resected 7-11-57 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) with generalized abdominal carcinomatosis. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 1530	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 AT 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. I attended the deceased from 7-1-57 to 11-6-58 and last saw her alive on 9-18-58 Death occurred at 1:35am m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE John H. Wheeler (Degree or title) M.D.			22b. ADDRESS Plaza Time Bldg. - K.C., Mo.		22c. DATE SIGNED 11-7-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-8-58	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (Street) Kansas City, Mo.		
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar		ADDRESS K.C., Mo. 1800 E. Linwood	25. DATE RECD. BY LOCAL REG. 11-6-58	26. REGISTRAR'S SIGNATURE Neva Marshall		

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
John H. Wheeler

*Michael W. Lee
Phage Time Bldg.
Je 1-1226
12-5*

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 *Arthur Eugene Hook*
Licensed Embalmer No. *4912*

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.