

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013613

FILED MAY 13 1959

Registration District No. 149 Primary Registration District No. 1002

STATE FILE NUMBER 2044  
Registrar's No.

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| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>      |  |
| b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                               |  |
| c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp.</u> Length of stay in lb <u>42 yrs.</u>                              |  | d. STREET ADDRESS (If outside give location) <u>5303 Holmes</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |

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| 3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>A.</u> Last <u>Wheeler</u> |  |  | 4. DATE OF DEATH Month <u>April</u> Day <u>20</u> Year <u>1959</u> |  |  |
|---|--|--|--|--|--|

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|--------------------|-------------------------------|---|--------------------------------------|---|---|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Cauc.</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>July 7, 1883</u> | 9. AGE (In years last birthday) <u>75</u> | IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> | IF UNDER 24 HRS<br>Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office Manager</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Ready Mix Concrete</u> | 11. BIRTHPLACE (City and state or country) <u>Baltimore Maryland</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>John D. Wheeler</u> | 13b. MOTHER'S MAIDEN NAME <u>Turnbull</u> | 14. NAME OF HUSBAND OR WIFE <u>Helen M. Wheeler</u> |
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| 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>489-22-9664</u> | 17. INFORMANT <u>Dave Wheeler</u> Address <u>6308 No. Park</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Heart Failure</u> |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>30 days</u> |               |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <u>Arteriosclerotic Heart Disease.</u> |  | <u>8 yrs.</u> |
|  | DUE TO (c)  |  |               |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4260</u> |  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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.) |
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| 20c. TIME OF INJURY Hour <u>10:10</u> Month <u>April</u> Day <u>20</u> Year <u>1959</u><br>a.m. <u>10:10</u> 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 <u>Kansas City</u> COUNTY <u>Jackson</u> STATE <u>Missouri</u> |
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| 21. I attended the deceased from <u>Oct 1950</u> to <u>April 20, 1959</u> and last saw <sup>her</sup> him alive on <u>April 20, 1959</u><br>Death occurred at <u>10:10 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) <u>Martin P. Hunter M.D.</u> | 22b. ADDRESS <u>1408 Waldheim Bldg.</u> | 22c. DATE SIGNED <u>4/23/59</u> |
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|   |                                 |   |  |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>April 28, 1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Kansas City, Missouri</u> (State) |
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| 24. FUNERAL DIRECTOR <u>Muehlebach</u> ADDRESS <u>6800 Troost</u> | 25. DATE RECD. BY LOCAL REG. <u>4-23-59</u> | 26. REGISTRAR'S SIGNATURE <u>Irene Marshall</u> |
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MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MARRIAGES IN PART I MUST BE CAUSALLY RELATED.

Martin P. Hunter

Dr. Hunter PM. (afternoon Thurs.)  
WALDHEIM BLDG  
V 12-6708

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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  .....

Licensed Embalmer No. 4917  
P. O. Address K. P. 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.