

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004869

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 22 Primary Registration District No. 3013 Registrar's No. 36

FILED VS MAR 8 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

| | | | |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>CHAY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>CLAY</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NORTH KANSAS CITY</u> Length of stay in lb <u>16 YRS</u> | | c. CITY OR TOWN <u>NORTH 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>1224 SWIFT</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>1224 SWIFT</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>NORMAN J. WHELCHER</u> | | | 4. DATE OF DEATH Month Day Year <u>2-27-1961</u> |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5-12-1881</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BANKER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u> | 9. AGE (last birthday) <u>79</u> |
| 11a. FATHER'S NAME <u>UNKNOWN</u> | | 11b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | 11. BIRTHPLACE (City and state or country) <u>HARTVILLE, Mo.</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> | | 17. INFORMANT Address <u>ELSIE WHELCHER 1224 SWIFT N.K.C., Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocardial decompensation</u> DUE TO (c) <u>Hypertensive Heart Disease</u> | | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 14. NAME OF HUSBAND OR WIFE <u>ELSIE WHELCHER</u> |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>1949</u> to <u>1961</u> and last saw him alive on <u>2/26/61</u> Death occurred at <u>2/27/61</u> <u>A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>D. W. Newcomer M.D.</u> | | | 22b. ADDRESS <u>1806 Swift Ave. North Kansas City 16 Mo</u> |
| 22c. DATE SIGNED <u>2/28/61</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>2-9-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEM.</u> |
| 24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS</u> | | 23d. LOCATION (City, town, or county) <u>LIBERTY Mo.</u> | 23e. STATE <u>Mo.</u> |
| ADDRESS <u>N.K.C., Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>2-28-61</u> | 26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u> |

MAR 8 1961

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 Glenn H. Hill

Licensed Embalmer No. 4586

P. O. Address K. C. 18, 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.