

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019154 ✓

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2591

**FILED JUN 8 1962**

VS 300  
Rev. 4/59

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2 3528  
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4 0  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
**Robert Jansen**

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson-</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>               |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) -<br><b>Kansas City</b>  |   | Length of stay in 1b OR TOWN <b>80 yrs</b>   | c. CITY OR TOWN <b>Kansas City</b>   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3406 Tracy</b>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <b>3406 Tracy</b>  |
| 3. NAME OF DECEASED (Type or print) <b>JOHN</b>  |   | First <b>J</b> Middle <b>WHOLEY, Sr.</b> Last  | 4. DATE OF DEATH <b>May 11, 1962</b>   |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>Oct. 9, 1881</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pipefitter</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>Local 533 Union</b>   | 9. AGE (last birthday) <b>80</b>   |
| 13a. FATHER'S NAME <b>Michael Wholey</b>   |   | 13b. MOTHER'S MAIDEN NAME <b>Josephine Mason</b>   | 14. NAME OF HUSBAND OR WIFE <b>Cecelia B. Wholey</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>   |   | 16. SOCIAL SECURITY NO. [REDACTED]   | 17. INFORMANT Address <b>Cecelia B. Wholey, 3406 Tracy</b>   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>CARCINOMA OF CECUM</b>  |   |  | INTERVAL BETWEEN ONSET AND DEATH <b>12 years</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |   |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 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 _____ a.m. _____ p.m. Month, Day, Year _____  |   |  |  |
| 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 <b>Feb 5, 1962</b> to <b>May 11, 1962</b> and last saw him alive on <b>March 29, 1962</b><br>Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |  |
| 22a. SIGNATURE <b>Robert Jansen, M.D.</b> (Degree or title)  |   | 22b. ADDRESS <b>101 E 63d</b>  | 22c. DATE SIGNED <b>5-11-62</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  | 23b. DATE <b>5-14-62</b>  | 23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>  | 23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>   |
| 24. FUNERAL DIRECTOR ADDRESS <b>Melody-McGilley-Eylar Woodland</b>   |   | 25. DATE RECD. BY LOCAL REG. <b>5-12-62</b>  | 26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>   |

USE BLACK INK OR TYPEWRITER RIBBON

b

Mr. Robt. Jansen  
101 E. 63<sup>rd</sup>  
Em 1-1828

Mr. will call back.

**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

*Hal Hoemberg*

Licensed Embalmer No. 3408

P. O. Address Indep, 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.