

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-001616

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 272

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF
John H. Wheeler
MEDICAL CERTIFICATION

FILED JAN 28 1963	
1. PLACE OF DEATH	
a. COUNTY JACKSON	b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE Missouri	b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS (If outside, give location) 4717 TERRACE	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	
First Stephen	Middle JOHN
Last HALLING	
4. DATE OF DEATH	
Month JAN	Day 15
Year 1963	
5. SEX MALE	6. COLOR OR RACE white
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 25 Feb 1911
9. AGE (last birthday) 51	
IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST	
10b. KIND OF BUSINESS OR INDUSTRY Mathews Machine Wks.	
11. BIRTHPLACE (City and state or country) KANSAS CITY, Mo.	
12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Stephen Halling	
13b. MOTHER'S MAIDEN NAME ANNA WATOLOWACH	
14. NAME OF HUSBAND OR WIFE Rena Halling	
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. [REDACTED]	
17. INFORMANT wife Rena Halling Address 4717 Terrace, Kansas City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Acute shock - severe - with complete anuria	
DUE TO (b) Acute Bronchopneumonia - left lung.	
Acute shock Empyema, acute (?) - Right lung	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Advanced Pulmonary Emphysema; Bilateral Bronchiectasis	
PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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	
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 1-12-63 to 1-15-63 and last saw her/him alive on 1-14-63	
Death occurred at 4:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) J. H. Wheeler M.D.	
22b. ADDRESS 4320 Wornall Road, K. C. Mo.	
22c. DATE SIGNED 1-16-63	
23a. FUNERAL CREMATION, REMOVAL (Specify) Burial	
23b. DATE JAN 17-1963	
23c. NAME OF CEMETERY OR CREMATORY MT Olivet Cem.	
23d. LOCATION (City, town, or county) (State) KANSAS CITY, Missouri	
24. FUNERAL DIRECTOR ADDRESS Spater, 1901 Olatha Blvd, Kansas City, Mo.	
25. DATE RECD. BY LOCAL REG. 1-16-63	
26. REGISTRAR'S SIGNATURE Ruth Long	

(Licensed Embalmer's Statement on Reverse Side)

PROFESSIONAL OF JIC

John W. Roeler

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 Paul R. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland Park, Ks

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.