

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001940

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 235 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

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 K. Caldwell MEDICAL CERTIFICATION

FILED JAN 28 1963		1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Length of stay in 1b <u>16 yrs</u>		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>Home - 5826 CHARLOTTE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5826 CHARLOTTE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>SAMUEL</u> Last <u>WILHOIT</u>			4. DATE OF DEATH Month <u>JANUARY</u> Day <u>14</u> Year <u>1963</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>JUNE 6 1882</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>King City, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>SAMUEL WILHOIT</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA WARD</u>	
14. NAME OF HUSBAND OR WIFE <u>WILHOIT UNICE FELTER</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>			
16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mrs UNICE WILHOIT K.C. Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Degeneration</u> <u>Coronary atherosclerosis</u> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) <u>2 wks</u> DUE TO (c) <u>2 yrs</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
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. <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 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 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 <u>Jan 1, 1960</u> to <u>1-14-63</u> and last saw ^{her} him alive on <u>Jan 7, 1963</u> Death occurred at <u>at A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>John K. Caldwell M.D.</u> (Degree or title)		22b. ADDRESS <u>306 E 12 St. Kansas City, Mo.</u>		22c. DATE SIGNED <u>1/14/63</u>	
23a. BURIAL, CREMATION, REINTERMENT (Specify)		23b. DATE <u>1-16-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CAMERON MEMORY GARDENS - CAMERON, Mo.</u>	
23d. LOCATION (City, town, or county) <u>CAMERON, Mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>1-14-63</u>		23f. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	
24. FUNERAL DIRECTOR <u>CRUNK FUNERAL HOME</u>		ADDRESS <u>CAMERON, MO</u>		25. DATE RECD. BY LOCAL REG. <u>1-14-63</u>	

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 Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Lexington, 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.