

FILED JAN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

509

State File No.

0190

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4165 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Peculiar</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Peculiar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>no street address</u>		d. STREET ADDRESS (If rural, give location) <u>no street address</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ivy</u>	b. (Middle) <u>Clyde</u>	c. (Last) <u>Whitten</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6, 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>Married</u>	8. DATE OF BIRTH <u>June 5, 1886</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ellsworth, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas E. Richardson</u>	13b. MOTHER'S MAIDEN NAME <u>Anna C. Thompson</u>	14. NAME OF HUSBAND OR WIFE <u>Chas. Wesley Whitten</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chas. Wesley Whitten, Peculiar, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. - It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>hypertension and</u> DUE TO (c) <u>arterio sclerosis and uremia</u>		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Peculiar Cass Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 12, 1949 to 1-6, 1950, that I last saw the deceased alive on 1-6, 1950, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harry B. Newton D.</u>	23b. ADDRESS <u>Harrisonville, Mo</u>	23c. DATE SIGNED <u>1-7-49</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 8, '50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Raymore Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Raymore, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Jan 7, 1950</u>	REGISTRAR'S SIGNATURE <u>Dorcas J. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>B. T. George & Sons</u>	ADDRESS <u>Belton, Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

(If Licensed Embalmer's Statement on Reverse Side)

JAN 18 1941

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
Student Embalmer

Signed: *A. K. George* _____

Licensed Embalmer No. *3645* _____

P. O. Address *Grandview 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 this body is not embalmed, fact should be so stated above.