

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1425**
90
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) 66 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 4441 Norledge			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				3. NAME OF DECEASED a. (First) CLAUDE b. (Middle) E. c. (Last) WHITAKER					
4. DATE OF DEATH Jan 5 1950		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married			
8. DATE OF BIRTH May 27 1883		9. AGE (in years last birthday) 66		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traffic Dept.		10b. KIND OF BUSINESS OR INDUSTRY Long Bell Lmbr			
11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME H James Whitaker		13b. MOTHER'S MAIDEN NAME Alice			
14. NAME OF HUSBAND OR WIFE Edythe Mae		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 487-07-6065		17. INFORMANT'S SIGNATURE OR NAME Mrs Chester Green ADDRESS 520 E Kansas			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH: _____ years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
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)					
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?					
22. I hereby certify that I attended the deceased from 12-31 1949 , to 1-5 1950 , that I last saw the deceased alive on 1-4 1950 and that death occurred at 9 a. m. , from the causes and on the date stated above.									
23a. SIGNATURE Jesse D. Rising (Degree or title) MD				23b. ADDRESS 1103 Grand		23c. DATE SIGNED 1-7-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-7-1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City Mo.			
DATE REC'D BY LOCAL REG. 1-7-50		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE C.H. Blackman & Son Inc		ADDRESS Kansas City, Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Reising Prof. Bldg
Vi 9223

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 *D. Ross Blomfield*

Licensed Embalmer No. *4015*

P. O. Address *K. C. 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.