

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5144

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5572 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Prairie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Prairie 0410	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 mi. N. E. Lee's Summit.		d. STREET ADDRESS (If rural, give location) 2 mi. N.E. Lee's Summit, Mo.	
3. NAME OF DECEASED a. (First) Jesse b. (Middle) Lee c. (Last) White			4. DATE OF DEATH (Month) (Day) (Year) Feb. 20, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 21, 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	9. AGE (In years last birthday) 54
11. BIRTHPLACE (State or foreign country) Lee's Summit, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Lonzo L. White		13b. MOTHER'S MAIDEN NAME Rosa Clifford	14. NAME OF HUSBAND OR WIFE
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. None	17. INFORMANT'S SIGNATURE OR NAME Rupert White Lee's Summit, Missouri
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 18 hrs			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 9-18, 1950, to 2-20, 1950, that I last saw the deceased alive on 2-18, 1950, and that death occurred at 6:32 A. M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Donald C. Earnshaw M.D.</u>		23b. ADDRESS <u>Lee's Summit, Mo.</u>	
23c. DATE SIGNED 2-20-50			
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Feb. 22, 50	
24c. NAME OF CEMETERY OR CREMATORY Lee's Summit, Missouri		24d. LOCATION (City, town, or county) (State) Lee's Summit, Missouri	
DATE REC'D BY LOCAL REG. 2-23-50		REGISTRAR'S SIGNATURE <u>Donald C. Earnshaw</u> 1378	
25. GENERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>		ADDRESS Lee's Summit, Mo.	

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

MAR 1 RECD

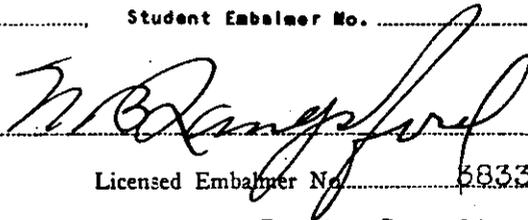
STATEMENT BY LICENSED EMBALMER

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.

Signed _____



Signed _____
Student Embalmer

Licensed Embalmer No. 6833

P. O. Address Lee's Summit, 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.