

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12873

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1729</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>7 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>5604 Holmes</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5604 Holmes</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELBERT</u>			b. (Middle) <u>CLAYTON</u>		c. (Last) <u>WHITE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 19 1951</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>mar</u>		8. DATE OF BIRTH <u>Dec 17 1874</u>		9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Publisher</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (State or foreign country) <u>Mass.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Chas H. White</u>			13b. MOTHER'S MAIDEN NAME <u>Florence Stowe</u>			14. NAME OF HUSBAND OR WIFE <u>Mary J.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>R.M. White</u> ADDRESS <u>5604 Holmes</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aneurysm of Abd. aorta (ruptured 4/19/51)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis & hypertension</u> 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 <u>4/13/51 (?)</u> <u>1947(?)</u> <u>022X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" 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) m.		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 <u>5/21/1946</u> , to <u>4/19/1951</u> , that I last saw the deceased alive on <u>4/19/1951</u> , and that death occurred at <u>2: P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Edson G. Carrier</u> (Degree or title)				23b. ADDRESS <u>242 E. Plaza Med Bldg.</u>			23c. DATE SIGNED <u>4/20/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-20-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Doniphan Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-20-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman & Son, Inc</u> ADDRESS <u>Kansas City Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Bert B. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 4656

P. O. Address Kansas City

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.