No. 300
10.48

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27266
3369

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson O
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (In this place) 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Marys' Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas
b. COUNTY THOMAS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Colby 8150
d. STREET ADDRESS (If rural, give location) 8

3. NAME OF DECEASED (Type or Print)
a. (First) Edgar
b. (Middle) A.
c. (Last) White

4. DATE OF DEATH (Month) (Day) (Year) AUG. 2 1951

5. SEX Male O
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH May 3 1921
9. AGE (In years last birthday) 30 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Dept. Store
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Edgar C. White
13b. MOTHER'S MAIDEN NAME Ethel McKinney
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No Record
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel White, ADDRESS Colby, Kansas

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Postoperative Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Advanced Hepatic Cirrhosis — 1–5 yrs.
DUE TO (c) and Portal Hypertension — "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Esophageal Varices, Chronic Passive Congestion Spleen — " 57 22

19a. DATE OF OPERATION 8/2/51
19b. MAJOR FINDINGS OF OPERATION Chronic Ulcerative Colitis (Colon & Terminal ileum resected)
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAY 31, 1951, *to* AUG. 2, 1951, *that I last saw the deceased alive on* AUG. 2, 1951, *and that death occurred at* 5:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE W. R. McPhee (Degree or title) M.D.
23b. ADDRESS 4517 Oakmont Cl. Apt 203 K.C. Mo.
23c. DATE SIGNED 8/2/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE AUG 4 1951
24c. NAME OF CEMETERY OR CREMATORY —
24d. LOCATION (City, town, or county) (State) Colby, Kansas

DATE REC'D BY LOCAL REG. 8-6-51
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE Gates Funeral Home
ADDRESS K.C. Kans.

(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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Jimmy S. Hutchison

Licensed Embalmer No. 4092

P. O. Address Marion, Kans.

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.