

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8712

FILED MAR 27 1952
REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4237
State File No. 109 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Raytown</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Raytown</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>10005 E. 61st</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10005 E. 61st</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>Aileen</u> c. (Last) <u>Whittlesey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 9 1952</u>
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5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 10, 1905</u>	9. AGE (in years last birthday) <u>46</u> Months <u>5</u> Days <u>29</u> Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wm H. Hitchcock</u>	13b. MOTHER'S MAIDEN NAME <u>Clare Woods</u>	14. NAME OF HUSBAND OR WIFE <u>O.L. Whittlesey</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>486-03-8151</u>	17. INFORMANT'S SIGNATURE OR NAME <u>O.L. Whittlesey</u> ADDRESS <u>Raytown, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>5 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Cervix</u>		
	DUE TO (c) _____		
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>175X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Dec 20, 1951, to March 9, 1952, that I last saw the deceased alive on March 8, 1952, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Darryl S. Biggs, M.D.</u>	23b. ADDRESS <u>Raytown, Mo.</u>	23c. DATE SIGNED <u>3-10-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 12, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Morial Cem.</u>	24d. LOCATION (City, town, or county), (State) <u>Jackson Co. Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-12-52</u>	REGISTRAR'S SIGNATURE <u>James L. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark ...</u> ADDRESS <u>Raytown, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

480
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FEB 26 1953

VS JUL 1 1959

MAR 2 2 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.

Student

Student Embalmer

Signed *Clark Hegert*

Licensed Embalmer No. *3983*

P. O. Address *Raytown, 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.