

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

20736

State File No. ....

BIRTH NO. 1151 JUL 5 1952 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 28105

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>JACKSON</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>CALIFORNIA</b> b. COUNTY<br><b>Los Angeles</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>KANSAS CITY</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>SANTA MONICA 8040</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Muehlebach HOTEL</b>                                    |  | d. STREET ADDRESS (If rural, give location)<br><b>X</b>  |  |

|  |                              |  |  |   |                           |  |                          |                         |
|--|------------------------------|--|--|---|---------------------------|--|--------------------------|-------------------------|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>SAMUEL</b> b. (Middle) <b>J.</b> c. (Last) <b>WHITMORE</b>   |                              |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>6 - 22 - 52</b> |   |                           |  |                          |                         |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>WIDOWED</b> | 8. DATE OF BIRTH<br><b>OCT. 20, 1866</b>                       | 9. AGE (In years last birthday)<br><b>85</b>                          | IF UNDER 1 YEAR<br>Months | IF UNDER 1 YEAR<br>Days                    | IF UNDER 1 YEAR<br>Hours | IF UNDER 1 YEAR<br>Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOTEL OPERATOR</b> |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>HOTEL</b>                        |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>VIRGINIA</b> |                           | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |                          |                         |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 13a. FATHER'S NAME<br><b>SAMUEL P. WHITMORE</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>PROBE N. BEACH</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>MARY EVELYN WHITMORE</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |  | 16. SOCIAL SECURITY NO.<br><b>—</b>                |  | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS<br><b>Samuel J. Whitmore</b><br><b>Santa Monica, Calif.</b><br><b>1214 5th. St.</b> |  |

|   |  |   |  |  |  |  |
|---|--|---|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 days</b>  |  |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>—</b><br>DUE TO (c) <b>—</b> |  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>33 1/2</b> |  |

|   |  |  |  |   |   |  |
|---|--|--|--|---|---|--|
| 19a. DATE OF OPERATION                                      |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>—</b>   |  |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><b>—</b>        |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>—</b>   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>—</b> |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><b>—</b> |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?<br><b>—</b>                      |   |  |

22. I hereby certify that I attended the deceased from 6-19 1952 to 6-22 1952, that I last saw the deceased alive on 6-22 1952, and that death occurred at 7:30 a. m., from the causes and on the date stated above.

|   |  |                             |                                    |  |                                    |  |  |
|---|--|-----------------------------|------------------------------------|--|------------------------------------|--|--|
| 23a. SIGNATURE (Name, Degree or title)<br><b>Charles M. Peterson MD</b> |  |                             | 23b. ADDRESS<br><b>Prof. Beach</b> |  | 23c. DATE SIGNED<br><b>6-22-52</b> |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>CREMATION</b>           |  | 24b. DATE<br><b>6-24-52</b> |                                    | 24c. NAME OF CEMETERY OR CREMATORY<br><b>ELMWOOD</b> |                                    | 24d. LOCATION (City, town, or county) (State)<br><b>KANSAS CITY, MO.</b> |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG.<br><b>6-23-52</b> |  | REGISTRAR'S SIGNATURE<br><b>Heraldine Holmes</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS<br><b>STINE &amp; MC CLURE</b><br><b>KANSAS CITY, MO.</b> |  |
|--|--|--|--|--|--|

(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 *S. J. Allen*  
Licensed Embalmer No. 1415  
P. O. Address *K. E. Moore*

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.