

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31054**
4111

ED OCT 4 1952

BIRTH NO. _____ REG. DIST. NO. **393** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

248

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

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY NORTH	c. LENGTH OF STAY (In this place) 32 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY NORTH	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3319 N. Euclid		d. STREET ADDRESS (If rural, give location) 3319 N. Euclid	

3. NAME OF DECEASED (Type or Print) GRACIE E. Whitehead			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 15 1952				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH SEPT. 28 1885	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Sage Co. Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Noah Whitehead
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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. 486-01-9356	17. INFORMANT'S SIGNATURE OR NAME Ralph Whitehead	ADDRESS 3319 N. Euclid
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 30 minutes	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Atherosclerosis			15-20 years
	DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 **Nov.**, 1950, to **Sept 15**, 1952, that I last saw the deceased alive on **Sept 15**, 1952, and that death occurred at **10:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE J.E. McCornick (Degree or title) MD	23b. ADDRESS 2025 Supt. Nat'l C. Bldg	23c. DATE SIGNED 9/15/52
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24a. RIGIDITY REMOVAL (Specify) None	24b. DATE 9-18-52	24c. NAME OF CEMETERY OR CREMATORY White Chapel M.B.	24d. LOCATION (City, town, or county) (State) CLAY Co. MO.
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DATE REC'D BY LOCAL REG. 9-18-52	REGISTRAR'S SIGNATURE Deraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Neukomer's	ADDRESS NORTH KANSAS CITY
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

Glenn A Hill

Signed.....
Student Embalmer

Licensed Embalmer No. 4586

P. O. Address Perendale, 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.