

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39010

State File No.

FILED NOV 22 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4768

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| 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>Clay</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u> <u>0241</u> | |
| c. LENGTH OF STAY (in this place) <u>1 week</u> | | d. STREET ADDRESS (If rural, give location) <u>462 E. Kansas</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>W.</u> c. (Last) <u>Whiteside</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 25, 1952</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Oct. 3, 1868</u> | 9. AGE (in years last birthday) <u>84</u> | IF UNDER 1 YEAR Month Days | IF UNDER 100 HRS Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Jeweler</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Jewelry store</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Pickering Ont. CANADA</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>Daniel Whiteside</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Stewart</u> | 14. NAME OF HUSBAND OR WIFE <u>Edna Dunn</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>unknown</u> |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Woolfolk Liberty, Mo.</u> ADDRESS | | |

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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | <u>1 w/c</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) | | <u>Indef.</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>4201</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input 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) | 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 Sept, 1937, to Oct 25, 1952, that I last saw the deceased alive on Oct 25, 1952, and that death occurred at 10 p m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Glenn W. Hendren</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>Liberty, Mo.</u> | 23c. DATE SIGNED <u>10/26/52</u> |
| 24a. BURIAL CREMATION (Specify) <u>burial</u> | 24b. DATE <u>Oct. 29, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u> | | |

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| DATE REC'D BY LOCAL REG. <u>10-31-52</u> | REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Pasley</u> ADDRESS <u>Liberty, Mo.</u> |
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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

John Pauling

Licensed Embalmer No. *4308*

P. O. Address

Liberty, 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.