

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

18325

State File No. \_\_\_\_\_

2652

**FILED JUN 9 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Jackson</b>	b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Ray</b>
c. LENGTH OF STAY (In this place) <b>13 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Richmond</b> <b>0890</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Veterans Administration</b>		d. STREET ADDRESS (If rural, give location) <b>Route # 2</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>KENNETH</b>	b. (Middle) <b>P.</b>	c. (Last) <b>WHITE</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>May 23, 1953</b>
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<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>married</b>	<b>8. DATE OF BIRTH</b> <b>2-21-13</b>	<b>9. AGE</b> (In years last birthday) <b>40</b>	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Truck driver &amp; farming</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>--</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Richmond, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>Paul White</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Ethel Rogers</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Marjorie White</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes WW II</b>	<b>16. SOCIAL SECURITY NO.</b> <b>499-12-6651</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Files of Veterans Administration</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Duodenal ulcer with acute perforation</b>	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Duodenal ulcer, chronic</b>  DUE TO (c)		<b>2 wks:</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	<b>Cirrhosis of liver</b> <b>Pyelonephritis, chronic</b>		<b>2 yrs:</b>  <b>5411</b> <b>5 yrs</b> <b>5 yrs</b>

<b>19a. DATE OF OPERATION</b> <b>5-10-53</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Perforated duodenal ulcer</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>2 PM</b>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from May 10, 1953, to May 23, 1953 that I about month the deceased at Richmond, Missouri, and that death occurred at 5:30 am., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>George A. Higgins</b> (Degree or title) <b>Chief, Dept. of Surgery</b>	<b>23b. ADDRESS</b> <b>Vets. Adm. Hospital</b> <b>Kansas City, Missouri</b>	<b>23c. DATE SIGNED</b> <b>5-23-53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Buried &amp; cremated</b>	<b>24b. DATE</b> <b>May 23, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Richmond, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>5-23-53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Sheraldine Smith</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Wm. T. Hile Funeral Home</b>	<b>ADDRESS</b> <b>Richmond, Missouri</b>
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(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 \_\_\_\_\_

Licensed Embalmer No. 4066

P. O. Address \_\_\_\_\_

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.