

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **25246**

FILED **AUG 13 1953**

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3673**

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 5 DAYS	c. CITY OR TOWN INDEPENDENCE
d. FULL NAME OF HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) FRANCES b. (Middle) ELLEN c. (Last) WHITACRE		4. DATE OF DEATH (Month) (Day) (Year) JULY 24 1953	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC 8, 1921
9. AGE (In years last birthday) 31		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRAY HANDLER	11. BIRTHPLACE (City and State or Foreign Country) DAVISS COUNTY, MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRAY HANDLER		10b. KIND OF BUSINESS OR INDUSTRY STOVERS CANDY STORE	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME RALPH H. MCNEELY		13b. MOTHER'S MAIDEN NAME VIOLA E. VOGEL	14. NAME OF HUSBAND OR WIFE DELBERT A. WHITACRE
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. 497-18-0450	17. INFORMANT'S SIGNATURE OR NAME ADDRESS DELBERT A. WHITACRE, 3609 NORWOOD INDEP. MO.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Atelectasis ANTECEDENT CAUSES DUE TO (b) Bronchial Obstruction DUE TO (c) Bronchopneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peritonitis (generalized)	
19a. DATE OF OPERATION 7-19-53		19b. MAJOR FINDINGS OF OPERATION Acute appendicitis	
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 19 , to 19 , that I last saw the deceased <input checked="" type="checkbox"/> alive on 5¹² AM. , 19 53 , and that death occurred at 5¹² AM. , from the causes and on the date stated above.			
23a. SIGNATURE D. A. Haskins (Degree or title) D.O. Pathologist		23b. ADDRESS 2105 Independence Ave. Reno	
23c. DATE SIGNED 7-24-53		23d. SIGNATURE D.A. Haskins	
24a. BURIAL CREMATION (Specify) BURIAL		24b. DATE July 25, 1953	
24c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY		24d. LOCATION (City, town, or county) (State) INDEPENDENCE MISSOURI	
DATE REC'D BY LOCAL REG. 7-25-53		REGISTRAR'S SIGNATURE Geroldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE A. H. Newcomer's Sons		ADDRESS Kansas City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....
Robert E. Henson

Licensed Embalmer No.....
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P. O. Address.....
K.C.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.