

52 550-53

STANDARD CERTIFICATE OF DEATH

State File No. 25250
3711

FILED AUG 13 1953 BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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) 1 day	c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Conley Maternity Hospital					
e. STREET ADDRESS (If rural, give location) 115 1421 PleasantView Court			3420		

3. NAME OF DECEASED (Type or Print) a. (First) BABY STEPHEN			b. (Middle) DWIGHT		c. (Last) WHITTEMORE	4. DATE OF DEATH (Month) (Day) (Year) July 26, 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant		8. DATE OF BIRTH July 25, 1953		9. AGE (In years last birthday)	if UNDER 1 YEAR Months	if UNDER 12 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri			12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Kenneth E. Whittemore		13b. MOTHER'S MAIDEN NAME Ella Jane Edwards		14. NAME OF HUSBAND OR WIFE	
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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.	17. INFORMANT'S SIGNATURE OR NAME Kenneth E. Whittemore, 1421 PleasantView Ct.				ADDRESS K.C.MO.	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema					INTERVAL BETWEEN ONSET AND DEATH 12 hrs.	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fetal hydrops DUE TO (c) Erythroblastosis fetalis						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					7700	

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 July 25, 1953, to July 26, 1953, that I last saw the deceased alive on July 26, 1953, and that death occurred at 1:02 P.M., from the causes and on the date stated above.

23a. SIGNATURE John M. Howard		(Degree or title) D.O.	23b. ADDRESS 2105 2nd St. Blvd.		23c. DATE SIGNED 7-27-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 27, 1953	24c. NAME OF CEMETERY OR CREMATORY Galvary		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 7-27-53	REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.		ADDRESS K.C.MO.
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Dr. Howard

5906 Woodson Road - Mission

will be there at noon.

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..... *Gerald A. Burger*

Licensed Embalmer No. *476*

P. O. Address..... *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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