

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

State File No. **36147**  
**5004**

FILED NOV 2 - 1953  
BIRTH NO. **71074** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>8150 Mission</b>	
c. LENGTH OF STAY (in this place) <b>Two Days</b>		d. STREET ADDRESS (If rural, give location) <b>6225 Glenwood</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10-17-53</b>	
3. NAME OF DECEASED a. (First) <b>Baby</b> b. (Middle) <b>Sue</b> c. (Last) <b>Whitney A</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>D</b>	
8. DATE OF BIRTH <b>10-17-53</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min. <b>7 12</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>	

13a. FATHER'S NAME **Kenneth Ray Whitney** 13b. MOTHER'S MAIDEN NAME **Joyce Lorraine Fleet** 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME **Mr. Kenneth Whitney** ADDRESS **6225 Glenwood**

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) <b>Abruptio Placenta</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH  <b>7615</b>
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <b>Prematurity; Twin Pregnancy</b>		2. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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? <b>53°</b>		

22. I hereby certify that I attended the deceased from **10-17, 1953** to **10-17, 1953** that I last saw the deceased alive on **10-17, 1953** and that death occurred at **6:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE **Harold A. Budke** (Degree or title) **C.D.** 23b. ADDRESS **1019 ARBYLE** 23c. DATE SIGNED **10-17-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **CREMATION** 24b. DATE **OCT. 19, 1953** 24c. NAME OF CEMETERY OR CREMATORY **D. W. NEWCOMER'S SONS** 24d. LOCATION (City, town, or county) (State) **KANSAS CITY MISSOURI**

DATE REC'D BY LOCAL REG. **10-18-53** REGISTRAR'S SIGNATURE **Shelding Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **D. W. Newcomer's Sons, Kansas City, Mo.** ADDRESS \_\_\_\_\_

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 B Lewis*

Licensed Embalmer No.

4875

P. O. Address

KCMO

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.