

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43243**
6043

FILED JAN 14 1954

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

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. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital No. 1

e. STREET ADDRESS (If rural, give location) 330 No. Oakley 30680

3. NAME OF DECEASED
a. (First) Ira b. (Middle) _____ c. (Last) White

4. DATE OF DEATH: (Month) 12 (Day) 23 (Year) 1953

5. SEX MALE

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 7/5/1902

9. AGE (In years last birthday) 51

f UNDER 1 YEAR Months _____ g UNDER 1 YEAR Days _____ h UNDER 1 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AMBULANCE DRIVER

10b. KIND OF BUSINESS OR INDUSTRY City

11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME FRANK White

13b. MOTHER'S MAIDEN NAME MINNIE West

14. NAME OF HUSBAND OR WIFE ALVENA BARTKOSKI WHITE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. 425-09-2695

17. INFORMANT'S SIGNATURE OR NAME ADDRESS ALVENA WHITE 330 N. OAKLEY

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, aethesia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure

ANTECEDENT CAUSES
DUE TO (b) Severe coronary sclerosis and previous infarction

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 18, 1953, to Dec. 23, 1953, that I last saw the deceased alive on Dec. 23, 1953, and that death occurred at 2:55P m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) M.D.

23b. ADDRESS 24th & Cherry

23c. DATE SIGNED 12-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 12/26/53

24c. NAME OF CEMETERY OR CREMATORY Mc. Washington

24d. LOCATION (City, town, or county) (State) Kansas City Mo.

DATE REC'D BY LOCAL REG. 12-25-53

REGISTRAR'S SIGNATURE Geraldine Smith

FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Skelton, D. C. Mo.

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

Dr. Haplan

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 *Richard E. Carroll*.....

Licensed Embalmer No. *4829*.....

P. O. Address *A. 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.