

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4267**
Registrar's No. **31**

BIRTH NO. **FILED MAR 2 1954** REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5228**

1. PLACE OF DEATH a. COUNTY Cass		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 Pleasant Hill <i>not known</i>		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 HOSPITAL OR INSTITUTION R R #4 Pleasant Hill		e. STREET ADDRESS (If rural, give location) 5809 Highland 3818	
3. NAME OF DECEASED (Type or Print) a. (First) Edwin b. (Middle) Avron c. (Last) Wilhite			4. DATE OF DEATH (Month) (Day) (Year) Feb 22 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 31 1885
9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Packer		10b. KIND OF BUSINESS OR INDUSTRY Sausage Co	
11. BIRTHPLACE (City and State or Foreign Country) Neodesha, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown Wilhite		13b. MOTHER'S MAIDEN NAME Rose Hoover	
14. NAME OF HUSBAND OR WIFE Cora M. Wilhite			

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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cora M. Wilhite 5809 Highland KC Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Instant
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary occlusion				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b)		
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS		
		Conditions contributing to the death but not related to the disease or condition causing death.		4201

19a. DATE OF OPERATION	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) (Min.)	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 **Cass**, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred on **Feb 22 1954**, from the causes and on the date stated above.

23a. SIGNATURE Bernard Janda (Degree or title) reg. of Pleasant Hill, Mo.	23b. ADDRESS	23c. DATE SIGNED 2/22/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/24/1954	24c. NAME OF CEMETERY OR CREMATORY MT MARIAN CEM.	24d. LOCATION (City, town, or county) (State) Kansas City Missouri
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DATE REC'D BY LOCAL REG. Feb 24/54	REGISTRAR'S SIGNATURE Dora Barrard	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer's Sons Kansas City Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0192

1954 FEB 27

RECEIVED
FEB 27 1954
CASS COUNTY
HEALTH DEPARTMENT

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. George*

Licensed Embalmer No. 3958

P. O. Address *Beeton, W.*

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.