

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 20 1954

State File No. 12275

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1578

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>12 years</u>	c. CITY OR TOWN <u>Kansas City</u>	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 <u>Menorah Medical Center</u>		e. STREET ADDRESS (If rural, give location) <u>4427 State Line</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>WHITESIDE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 5 - 54</u>		
---	----------------------------	----------------------------	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 24, 1894</u>	9. AGE (In years last birthday) <u>59</u>	If UNDER 1 YEAR Months Days	If UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	---------------------------------------	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STOCK CLERK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>TIMMER ROSS &amp; SONS LUMBER CO. - MO. R.C.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson, Oklahoma</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
--	---	---	---

13a. FATHER'S NAME <u>WILL WHITESIDE</u>	13b. MOTHER'S MAIDEN NAME <u>HATTIE MEEKER</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. GRACE WHITESIDE</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>511-01-0125</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. GRACE WHITESIDE</u> ADDRESS <u>4427 STATE LINE KANSAS CITY MO</u>
--	--	---

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) <u>Bronchogenic Carcinoma with metastases to liver.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4-5 months</u>
	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.		<u>102-X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

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 Feb., 1954, to April 5, 1954, that I last saw the deceased alive on April 5, 1954, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. Twin, M.D.</u>	23b. ADDRESS <u>Argyle Bldg., K.C., Mo.</u>	23c. DATE SIGNED <u>April 5, 1954</u>
--	---	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>Apr. 7, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
--	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>4-7-54</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer Sons</u> ADDRESS <u>1331 BRASS CREEK KANSAS CITY MO</u>
--	--	---

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.....  
Signature of Student Embalmer

Signed *Clare V. Carr Jr.*.....

Licensed Embalmer No. 4930

P. O. Address K. C. 10, M.

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.