

STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 23 1954

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 135

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) <u>Independence</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Independence</u> d. If Residence within limits of city or incorporated town? <input type="checkbox"/> No <input type="checkbox"/> Yes
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>		e. STREET ADDRESS (If rural, give location) <u>2439 Claremont</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Edson</u> c. (Last) <u>Waite</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April-8-1954</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>Aug-13-1893</u>		9. AGE (In years last birthday) <u>60</u> Months <u>7</u> Days <u>2</u>		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>millwright</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ford Motor Co</u>		11. BIRTH PLACE (City and State or Foreign Country) <u>Lonia, Michigan</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Homer Francis Waite</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Gable</u>		14. NAME OF HUSBAND OR WIFE <u>Flossie M. Waite</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>WW I</u>		16. SOCIAL SECURITY NO. <u>490-09-1849</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Flossie M. Waite</u> ADDRESS <u>Indep 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>Shioblastoma</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) _____			INTERVAL BETWEEN ONSET AND DEATH <u>3 wks?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>193X</u>					

19a. DATE OF OPERATION <u>April 7, 54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Shioblastoma Lt. hemisphere</u>		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) 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 April 2, 1954, to April 8, 1954 that I last saw the deceased alive on April 6, 1954, and that death occurred at 8 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert P. Cassel</u>		23b. ADDRESS <u>Raytown Mo.</u>		23c. DATE SIGNED <u>April 12, 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 10-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grand Stone</u>	
24d. LOCATION (City, town or county) (State) <u>Independence - Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland G. Speak</u>		ADDRESS <u>Indep</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 10-54</u>		REGISTRAR'S SIGNATURE <u>James Galt</u>		359-08	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 1 1954

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 *Raymond M. Har...*

Licensed Embalmer No. *49*

P. O. Address *Indep*

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.