

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43336

State File No. ....

FILED JAN 20 1955

5844

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5844

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 town or township) <u>KANSAS CITY</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"/> <u>03588</u>
c. LENGTH OF STAY (in this place) <u>60 YEARS</u>		e. STREET ADDRESS (If rural, give location) <u>3123 KENSINGTON AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSE</u> b. (Middle) <u>ELMER</u> c. (Last) <u>WHITE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 18, 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>NOV. 6, 1892</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED 7 YRS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ELEVATOR OPERATOR</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>HARRISONVILLE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>WILLIAM WHITE</u>	13b. MOTHER'S MAIDEN NAME <u>ADDIE MOORE</u>	14. NAME OF HUSBAND OR WIFE <u>GRACE WHITE</u>
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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>486-10-5798</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. GRACE WHITE</u> ADDRESS <u>3123 KENSINGTON AVENUE KANSAS CITY, MO.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>610X</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>Prostatic Hypertrophy, Prostatectomy</u>		

19a. DATE OF OPERATION <u>12-6-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Prostatic Hypertrophy</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, 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 10-11, 1954 to 12-18, 1954, that I last saw the deceased alive on 12-18, 1954 and that death occurred at 11:21 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas E. McMillan</u> (Degree or title) _____	23b. ADDRESS <u>Kansas City, 1019 Professional Bldg 7th</u>	23c. DATE SIGNED <u>12-20-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC-21-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>
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DATE REC'D BY LOCAL REG. <u>12-21-54</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Neumann</u> ADDRESS <u>1331 BROWN CREEK KANSAS CITY, MISSOURI</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11-1-16

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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 Roscoe A. Boyer

Licensed Embalmer No. 489

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