No. 300
10.48

FILED DEC 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1336 41613

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5969 Registrar's No. 96

1. PLACE OF DEATH
a. COUNTY: PLATTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-FAIR TWP.
c. LENGTH OF STAY (In this place):
d. HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 71-St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1030 East 4th Street 3028

3. NAME OF DECEASED (Type or Print)
a. (First): MARVIN
b. (Middle): LEROY
c. (Last): WHITE

4. DATE OF DEATH (Month) (Day) (Year): Oct. 28, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 17, 1916
9. AGE (In years last birthday): 39 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: General Motors Corp
11. BIRTHPLACE (City and State or Foreign Country): West Plains, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Albert R. White, Sr.
13b. MOTHER'S MAIDEN NAME: Lorena Bishop
14. NAME OF HUSBAND OR WIFE: Francine Marvin White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 494-16-7474
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Francine M. White, 1030 E. 4th, K.C.Mo.

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CRUSHED CHEST — INTERVAL BETWEEN ONSET AND 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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HIGHWAY
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): FAIR TWP. 083 PLATTE Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-28-55 3 p.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: AUTO ACCIDENT

22. *I hereby certify that I attended the deceased from* — *, 19____, to* — *, 19____, that I last saw the deceased alive on* — *, 19____, and that death occurred at* APPROX. 3 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roland M. Giffee, Coroner
23b. ADDRESS: Platte City, Mo.
23c. DATE SIGNED: 10-28-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 31, 1955
24c. NAME OF CEMETERY OR CREMATORY: Green Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City Missouri

DATE REC'D BY LOCAL REG.: 12-16-1955
REGISTRAR'S SIGNATURE: Alpha Rollins 257
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: D.W. Newcomer's Sons, Kansas City, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 1955
RECEIVED
COUNTY
DEPT
By

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Roland M. Gaffee

Licensed Embalmer No. 47

P. O. Address Platte Ci

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.