

THE DIVISION OF HEALTH OF MISSOURI
 FILED JUL 5 1956 STANDARD CERTIFICATE OF DEATH

20791

State File No. 2710

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2710</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>		d. In Residence within limits of City or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. LENGTH OF STAY (In this place) <u>LIFE</u>		e. STREET ADDRESS (If rural, give location) <u>54 3232 Euclid</u>		f. COUNTY <u>Jackson</u>		g. ADDRESS <u>3545</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)		5. SEX		6. COLOR OR RACE	
a. (First) <u>Edwin</u>		b. (Middle) <u>C</u>		c. (Last) <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH		9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and State or Foreign Country)	
<u>6-3-1889</u>		<u>76.8</u>		<u>Physician</u>		<u>Kansas City MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Edwin C. White</u>		13b. MOTHER'S MAIDEN NAME <u>Grace D. Mathews</u>		14. NAME OF HUSBAND OR WIFE <u>Charlotte White</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes, R. W. W.</u>		16. SOCIAL SECURITY NO. <u>42-36-9985</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Charlotte White</u>		ADDRESS <u>K.C. Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute hemorrhagic pancreatitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
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>distended proctites</u> <u>Cerebral Thrombosis</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) 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 <u>1946</u> to <u>June 20, 1956</u> that I last saw the deceased alive on <u>June 17, 1956</u> and that death occurred at <u>5:02 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. G. Berry M.D.</u>		23b. ADDRESS <u>315 Nichols Rd. Kansas City Mo.</u>		23c. DATE SIGNED <u>June 20, 1956</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>6/23/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-20-56</u>		REGISTRAR'S SIGNATURE <u>Nevo Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter McPherson</u>		ADDRESS <u>K.C. Mo.</u>	

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

1957 MAY 6
JUL 5 1958

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

Eugene L. ...

Licensed Embalmer No.

P. O. Address

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.