

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20793**

FILED JUN 25 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 20819

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. 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"/>
c. LENGTH OF STAY (in this place) <u>15 Years</u>		STREET ADDRESS (If rural, give location) <u>3 W. 69th Terrace 38680</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Firman</u> b. (Middle) <u>Buford</u> c. (Last) <u>White</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-29-56</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-19-88</u>		9. AGE (In years last birthday) <u>78</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired State Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Royal Assurance Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dover Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Edwin Franklin White</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Gordon</u>		14. NAME OF HUSBAND OR WIFE <u>Catherine White</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>486-03-2407</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edwin H. White</u> ADDRESS <u>K.C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u>			DUE TO (b) <u>arteriosclerotic heart disease</u>			<u>3 days</u>
ANTECEDENT CAUSES			DUE TO (c) <u>—</u>			<u>4200</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>						<u>15 years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 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 July, 1954, to May 29, 1956, that I last saw the deceased alive on May 29, 1956, and that death occurred at 845 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H.E. Smith</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>411 Nicholas Road Reno</u>		23c. DATE SIGNED <u>5/29/56</u>
24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>6/1/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Moshpelah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-31-56</u>		REGISTRAR'S SIGNATURE <u>Merna Minshel</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stine &amp; McClure Und. Co. K.C. 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 *Elmer A. Tinsley*.....

Licensed Embalmer No. *480*

P. O. Address *Danvers, Ct.*

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.