

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24044

State File No. 17

FILED AUG 8 - 1956

39058-56

2508

BIRTH NO. <u>6849</u>		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>17</u>	
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 OR TOWN <u>Kansas City</u>)		c. LENGTH OF STAY (in this place) <u>17 2/3 days</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"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>				e. STREET ADDRESS (If rural, give location) <u>1721 Benton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rhonda</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Whitley</u>		4. DATE OF DEATH (Month) <u>7</u> (Day) <u>2</u> (Year) <u>1956</u>	
5. SEX <u>3</u> <u>female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>June 5, 1956</u>	
9. AGE (In years last birthday) <u>17 2/3</u>		IF UNDER 1 YEAR Months <u>17</u> Days <u>23</u>		IF UNDER 24 HRS. Hours <u>17</u> Mins. <u>30</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>3</u> <u>Kansas City, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Gwynnell Whitley</u>			13b. MOTHER'S MAIDEN NAME <u>Jacqueline Williams</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gwynnell Whitley 1721 Benton</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cardio-Respiratory collapse</u> (b) <u>Gastroenteritis</u> (c) <u>Upper respiratory infection. Viral</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Gastroenteritis</u> DUE TO (c) <u>Upper respiratory infection. Viral</u>				INTERVAL BETWEEN ONSET AND DEATH <u>11:30</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 <u>6-23-56</u> 19 <u>19</u> , to <u>7-2-56</u> , 19 <u>19</u> , that I last saw the deceased alive on <u>7-2-56</u> , 19 <u>19</u> , and that death occurred at <u>9:30 a m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. R. Peterson M.D.</u> (Degree or title)?				23b. ADDRESS <u>600 E. 22nd St.</u>		23c. DATE SIGNED <u>7-3-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-6-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-3-56</u>		REGISTRAR'S SIGNATURE <u>newa minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter's Home Funerals 1721 Benton</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
W. R. Peterson

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..... *Bruce R. Watkins*

Licensed Embalmer No..... *4500*

P. O. Address..... *18th Ave*

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.