

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37365**
Registrar's No. **106**

BIRTH NO. FILED DEC 10 1956 REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **3014**

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

I. PLACE OF DEATH a. COUNTY Platte b. CITY OR TOWN Liberty c. LENGTH OF STAY (in this place) Indefinite d. FULL NAME OF HOSPITAL OR INSTITUTION Mayer Convalescence Home				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platte c. CITY OR TOWN Liberty d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 500 W Franklin St.			
3. NAME OF DECEASED (Type or Print) ALICE P. WHITESIDE a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Nov. 25, 1956				
5. SEX Female 6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH May 15-1870		9. AGE (In years last birthday) 86 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HRS.: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Platte Co. Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Hester Reid		13b. MOTHER'S MAIDEN NAME Opama Bowler			
14. NAME OF HUSBAND OR WIFE James H. Whiteside		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no.			
17. INFORMANT'S SIGNATURE OR NAME Bertha Whiteside		ADDRESS Liberty Mo.		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) Senility ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 5 years		
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 <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) 4500			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to Nov 23, 1956 that I last saw the deceased alive on Nov 20, 1956 and that death occurred at 2 A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm H Gadsden MD				23b. ADDRESS Liberty Mo			
23c. DATE SIGNED 11/26/56				24a. BURLIAL, CREMATION, REMOVAL (Specify) Burial			
24b. DATE Nov. 26-56		24c. NAME OF CEMETERY OR CREMATORY Wt memorial		24d. LOCATION (City, town, or county) Liberty Mo			
DATE REC'D BY LOCAL REG. 11-27-56		REGISTRAR'S SIGNATURE Mabel Graham		25. FUNERAL DIRECTOR'S SIGNATURE Benjamin Owen			
ADDRESS Liberty Mo							



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 *John Lumberg*

Licensed Embalmer No. *4448*

P. O. Address *Liberty*

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.