

Health, Welfare
Public
Service

300
-56

Doctor, coroner, etc. must use only standard nomenclature in their reports. The symptoms were described. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 25 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 24965

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 291

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, give TOWNSHIP only) OR TOWN <u>Independence</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Independence, Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>H 21 W. Sea</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>H 21 W. Sea</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Lewellyn</u> Middle <u>White</u> Last <u>White</u>			4. DATE OF DEATH Month <u>July</u> Day <u>12</u> Year <u>1957</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 9, 1966</u>	9. AGE (In years last birthday) <u>91</u>	IF OVER 1 YEAR IF UNDER 24 HRS. Months <u>9</u> Days <u>1</u> Hours <u>1</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>cloth cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Harmant Co.</u>		11. BIRTHPLACE (City and state or country) <u>Mt. Villa, New York</u>	
13. FATHER'S NAME <u>Sevi White</u>			14. MOTHER'S MAIDEN NAME <u>Lucy Lee 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>487-14-5360</u>		17. INFORMANT <u>Mabel White</u> Address <u>H 21 W. Sea, Indep Mo</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage - left hemisphere</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
DUE TO (b) <u>hypertensive cardiovascular disease</u>			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>443X</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY. Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>7/9/57</u> to <u>7/13/57</u> and last saw <u>her</u> alive on <u>7/9/57</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <u>Vance E. Link, MD</u>		22b. ADDRESS <u>1090 Lumber Rd Independence, Mo</u>		22c. DATE SIGNED <u>7/13/57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 15, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mount Zion Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Independence, Mo</u>
24. FUNERAL DIRECTOR <u>Roland A. Speaks</u>	ADDRESS <u>Indep. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>7-15-57</u>	26. REGISTRAR'S SIGNATURE <u>Vance E. Link</u>

(Licensed Embalmer's Statement on Reverse Side)

34-5

JUL 23 1957

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 *R. Kenneth Patterson*

Licensed Embalmer No. *469*

P. O. Address *Indy*

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