

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005943
STATE FILE NUMBER
1005

FILED MAR 13 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1005

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-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHN SON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH Hosp.		d. STREET ADDRESS (If outside, give location) 4735 FALMOUTH	
Length of stay in lb 5 DAYS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last MINNIE HORTENSE WHITE			4. DATE OF DEATH Month Day Year FEBRUARY 23, 1958			
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 11, 1872	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min. 85
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) PORT WILLIAM, OHIO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME HIRAM J. ELLIS	13b. MOTHER'S MAIDEN NAME SARAH F. WOLFORD	14. NAME OF HUSBAND OR WIFE GEORGE B. WHITE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT Address MRS. GEORGE SEAGER-4735 FALMOUTH
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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>arteriosclerosis, generalized</u>		INTERVAL BETWEEN ONSET AND DEATH 450
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) <u>senility</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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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
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21. I attended the deceased from Death occurred at <u>2/17/58</u> to <u>2/23-58</u> and last saw her alive on <u>2/22/58</u> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>A. E. Derrington M.D.</u>	22b. ADDRESS <u>5828 Reed Road, Merwin, Mo.</u>	22c. DATE SIGNED <u>2/24/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE FEB-24, 1958	23c. NAME OF CEMETERY OR CREMATORY MT. HOPE	23d. LOCATION (City, town, of county) (State) CLYDE, KANSAS
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24. FUNERAL DIRECTOR ADDRESS C.H. BLACKMAN & SON INC. K.C., MO.	25. DATE RECD. BY LOCAL REG. 2-24-58	26. REGISTRAR'S SIGNATURE Newar Marshall
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
A. E. Derrington



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 *Bert B. Bennel*

Licensed Embalmer No. *4656*
P. O. Address *N.C., M.*

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.