

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044492
STATE FILE NUMBER
5963

FILED JAN 5 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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1-57 b

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN INDEPENDENCE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Length of stay in 1b 9 DAY	
3. NAME OF DECEASED (Type or print) First Middle Last LEE F. WHITE		4. DATE OF DEATH Month Day Year DECEMBER 14, 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-21-88
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Oak Grove, Mo. 0
13a. FATHER'S NAME FRANK WHITE		13b. MOTHER'S MAIDEN NAME JUDIE TURNER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, if unknown) Yes		16. SOCIAL SECURITY NO. 499 10 4249A	
17. INFORMANT Address OFFICIAL RECORDS, VA HOSPITAL K.C. MO.		14. NAME OF HUSBAND OR WIFE None	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic pyelonephritis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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. Attended the deceased from 12-5-58 to 12-14-58 Death occurred at 1:20 a m on the date stated above; and to the best of my knowledge, from the causes stated.		and last saw her alive on _____ him _____	
22a. SIGNATURE E. Foroughi, M.D.		22b. ADDRESS VA Hospital, Kansas City, Mo.	
22c. DATE SIGNED 12-15-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 16 1958	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem	23d. LOCATION (City, town, or county) (State) Oak Grove Mo
24. FUNERAL DIRECTOR Webb Funeral Home		25. DATE RECD. BY LOCAL REG. 12-16-58	26. REGISTRAR'S SIGNATURE Neve Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc.: must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 William Freed

Licensed Embalmer No. 4733

P. O. Address Blue Springs, Mo.

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.