

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044493

STATE FILE NUMBER

5724

FILED DEC 18 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> 3074 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>9909 State Line</b>		Length of stay in 1b <b>2 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>9909 State Line</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>JOSIE</b> Middle <b>E.</b> Last <b>WHITWELL</b>			4. DATE OF DEATH Month <b>12</b> Day <b>2</b> Year <b>58</b>
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7-6-1869</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN Home</b>	11. BIRTHPLACE (City and state or country) <b>Tennessee</b>
13a. FATHER'S NAME <b>James R. Horner</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Pheifer</b>	14. NAME OF HUSBAND OR WIFE <b>Lemuel P. Whitwell</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) <b>No</b> <b>xx</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. Maude W. Lockridge, 9909 State Line</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> DUE TO (b) <b>Burcho Pneumonia</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 <b>few yrs.</b> <b>2 weeks</b>
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 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 <b>11-15-58</b> to <b>12-2-58</b> and last saw her alive on <b>11-29-58</b> Death occurred at <b>4:30 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>B. Atcheson</i>		22b. ADDRESS <b>3939 Ruyford</b>	22c. DATE SIGNED <b>12-3-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>12-4-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bennett Mo. Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Bennett, Mo.</b>
24. FUNERAL DIRECTOR <b>Wagner Funeral Home. K C Mo</b>		25. DATE RECD. BY LOCAL REG. <b>12-3-58</b>	26. REGISTRAR'S SIGNATURE <i>Irma Trinsall</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B. Atcheson

All diseases in Part I must be causally related.

24

MA-4-6110.  
8th month  
2:00 PM

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 *Alvin R. Haunschild*

Licensed Embalmer No. *4159*

P. O. Address *K. e. 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.