Health, Welfare Public Service

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21-57 4

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001572
STATE FILE NUMBER

FEB 28 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 290

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City Mo — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Grosse Nursing Home 3918 Charlotte — Length of stay in 1b 3 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City Mo — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 905 Linwood — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Mrs M. Middle: Ethel Last: Whittaker

4. DATE OF DEATH Month 1 Day 14 Year 1959

5. SEX Female

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH 3-27-1876

9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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) Platte Co. mo.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME W. S. Carey

13b. MOTHER'S MAIDEN NAME Ella White

14. NAME OF HUSBAND OR WIFE Samuel W Whittaker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT Katherine R Plantz Address 905 Linwood Blvd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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 [ ] NOT WHILE AT WORK [ ]

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 November 1958 to 1-14-59 and last saw her alive on 1-12-59
Death occurred at 4:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Leo F. Cooper (Degree or title) M.D.

22b. ADDRESS 1220 E. 31st K.C. Mo.

22c. DATE SIGNED 1-15-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 1-16-59

23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery

23d. LOCATION (City, town, or county) (State) Kansas City, Mo

24. FUNERAL DIRECTOR France-Wornall Funeral Home ADDRESS

25. DATE RECD. BY LOCAL REG. 1-15-59

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Leo F. Cooper

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 Russell N. Franc

Licensed Embalmer No. 4255

P. O. Address K.C. 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.