

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009743

STATE FILE NUMBER

FILED APR 2 1959

Registration District No. _____

149

Primary Registration District No. _____

1002

Registrar's No. _____

1370

300
-57

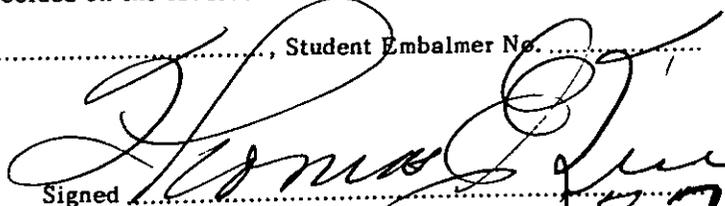
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gen. Hospital</u>		Length of stay in lb <u>6 months</u>	d. STREET ADDRESS (If outside, give location) <u>5331 Highland</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>CLARA</u> Middle _____ Last <u>Whittington</u>			4. DATE OF DEATH Month <u>3</u> Day <u>12</u> Year <u>59</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 21, 1878</u>		9. AGE (In years) <u>80 years</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Paola, Kas.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Abraham Young</u>		13b. MOTHER'S MAIDEN NAME <u>Rhoda Walker</u>		14. NAME OF HUSBAND OR WIFE <u>John Whittington</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>None</u>		17. INFORMANT Address <u>Mother Lawrence Little Sisters Home</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>Acute pulmonary edema & congestion</u> DUE TO (b) <u>Arteriosclerotic heart disease</u> 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) <u>Fracture left femur - fall at home.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs F</u>
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 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>3-8-59</u> to <u>3-12-59</u> and last saw her ^{her} _{him} alive on <u>3-12-59</u> Death occurred at <u>11:05 A.M</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Abraham Gelpert</u> (Degree or title)		22b. ADDRESS <u>Gen. Hospital</u>		22c. DATE SIGNED <u>3-13-59</u>	
23a. BURIAL, CREMATION, ETC. <u>Burial</u> (Specify)		23b. DATE <u>March 16, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	
		23d. LOCATION (City, town, or county) <u>Hickman Mills, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>South Side Chapel</u>		ADDRESS <u>6900 Troost Ave.</u>		25. DATE RECD. BY LOCAL REG. <u>3-14-59</u>	
		26. REGISTRAR'S SIGNATURE <u>Reva Marshall</u>			

All diseases in Part I must be causally related.
 Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 Abraham Gelpert, M.D.

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 

Licensed Embalmer No.
P. O. Address.....

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.