

JURISDICTION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS NOV 12 1959

59-035543

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 185

MEMORIALIZED

1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Kansas City Missouri</u>		Length of stay in 1b <u>2 days</u>		c. CITY OR TOWN <u>Kansas City 18</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North Kansas City Memorial Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7107 N. Kranz</u>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>HAROLD LEE WHITAKER</u>				4. DATE OF DEATH Month Day Year <u>11 - 4 - 59</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cauc</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7-28-08</u>	9. AGE (last birthday) <u>51</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bus Driver, N.K.C. School System</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>MILAN, MO</u>		11. BIRTHPLACE (City and state or country) <u>MILAN, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas J. Whitaker</u>			13b. MOTHER'S MAIDEN NAME <u>Elsie MURPHY</u>			14. NAME OF HUSBAND OR WIFE <u>MARY E. WHITAKER</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>330-07-1326</u>		17. INFORMANT Address <u>MRS. MARY E. WHITAKER</u>			
18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Metastatic carcinoma, brain, bone, lung.</u>							<u>9 months</u>
DUE TO (b) <u>Primary carcinoma left kidney</u>							<u>13 months</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) <u>Paraplegia partial of legs due metastases to lumbar spine</u>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 s.m. 4 p.m. Month, Day, Year							
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>October 10, 1958</u> to <u>November 4, 1959</u> and last saw him alive on <u>November 3, 1959</u> Death occurred at <u>6:45 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>A. Comer Pats, M.A.</u>				22b. ADDRESS <u>2730 So 4th MHC ANTI OCH CENTER, KANSAS CITY 19 MO.</u>		22c. DATE SIGNED <u>NOV 4, 1959</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>11-6-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CEMETERY MILAN, MO.</u>		23d. LOCATION (City, town, or county) (State) <u>MILAN, MO.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>D.W. NCW COMERS, N.K.C. MO.</u>			25. DATE RECD. BY LOCAL REG. <u>11-5-59</u>	26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 25 1959

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 John Walsbeck

Licensed Embalmer No. 4949
P. O. Address No. Kansas

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.