

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042333

FILED VS DEC 12 1960

149

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

Registrar's No. 5902

STATE FILE NUMBER

INDEXED

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		Length of stay in 1b 70 yrs.		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1021 AGNES			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1021 Agnes		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ethan Middle Allen Last Whipple				4. DATE OF DEATH Month 11 Day 22 Year 60				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-28-1870	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Contractor		10b. KIND OF BUSINESS OR INDUSTRY Keystone Mortg. & Loan		11. BIRTHPLACE (City and state or country) Terra Haute, Ind.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME EDWARD WHIPPLE			13b. MOTHER'S MAIDEN NAME LIDA JANE TALBOT		14. NAME OF HUSBAND OR WIFE NANCY WHIPPLE- Dec'd.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 499-16-3546		17. INFORMANT Address Edna Bennett, 1021 Agnes, Kansas City, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Competitive Heart Failure</i> DUE TO (b) <i>Hypertensive Cardiovascular Disease</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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 type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ 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 <i>2-2-60</i> to <i>11-22-60</i> and last saw him alive on <i>10-29-60</i> . Death occurred at <i>12:40 p</i> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Kenneth A. Mangels M.D.</i>				22b. ADDRESS <i>Independence, Mo</i>		22c. DATE SIGNED <i>11-22-60</i>		
23a. BURIAL REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <i>11-23-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mound Grove Cemetery</i>			23d. LOCATION (City, town, or county) (State) <i>Independence, Missouri</i>			
24. FUNERAL DIRECTOR <i>GEO. C. CARSON &amp; SONS, INDEPENDENCE, MO.</i>		ADDRESS		25. DATE RECD. BY LOCAL REG. <i>11-23-60</i>		26. REGISTRAR'S SIGNATURE <i>H. L. Dwyer</i>		

DOCUMENT

Kenneth A. Mangels M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**.STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Deen W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy, 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.