

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 6 1961

-60-046492

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 269

STATE FILE NUMBER

INDEXED

DOCUMENT

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> COUNTY <b>Jackson</b>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lee's Summit</b>		Length of stay in 1b <b>3 Months</b>		c. CITY OR TOWN <b>Lee's Summit</b>		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>609 N. Main</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>609 N. Main</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <b>Oscar</b> Middle <b>Newton</b> Last <b>White</b>				4. DATE OF DEATH Month <b>Dec.</b> Day <b>30</b> Year <b>1960</b>							
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Nov. 10, 1886</b>		9. AGE (last birthday) <b>74</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and state or country) <b>Bayfield, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>				
13a. FATHER'S NAME <b>Emmerson D. White</b>				13b. MOTHER'S MAIDEN NAME <b>Emma J. Arnold</b>				14. NAME OF HUSBAND OR WIFE <b>Della K. White</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>				16. SOCIAL SECURITY NO. <b>509-01-4058</b>		17. INFORMANT Address <b>Della K. White, Lee's Summit, Mo.</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>Metastases of Brain</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Carcinoma of the Pharynx</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) 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										INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b> <b>19 months</b>	
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 <b>4/23/58</b> to <b>12/29/60</b> and last saw <sup>him</sup> alive on <b>12/29/60</b> Death occurred at <b>1:10</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <b>M. D. Furnell M.D.</b> (Degree or title)				22b. ADDRESS <b>18 E. 5rd St. Lee's Summit, Mo.</b>				22c. DATE SIGNED <b>12/31/60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Jan. 1, 1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Lee's Summit Cemetery</b>				23d. LOCATION (City, town, or county) (State) <b>Lee's Summit, Missouri</b>			
24. FUNERAL DIRECTOR <b>Langsford Funeral Home</b> <b>Lee's Summit, Missouri</b>					25. DATE RECD. BY LOCAL REG. <b>12-31-1960</b>		26. REGISTRAR'S SIGNATURE <b>M. B. Langsford</b>				

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 20 1961

**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 *D. B. Langford*

Licensed Embalmer No. 149

P. O. Address Leis...

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.