

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED SEP 13 1961

61-029724

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4332

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 2 DAYS		c. CITY OR TOWN MERRIAM		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSP.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 9014 W. 49th terr.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last DANIEL DYER WHITING				4. DATE OF DEATH Month Day Year AUGUST 28, 1961			
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-13-1884	
9. AGE (last birthday) 76		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) MECHANIC			10b. KIND OF BUSINESS OR INDUSTRY POST OFFICE GARAGE		11. BIRTHPLACE (City and state or country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME AUGUSTINE A. WHITING			13b. MOTHER'S MAIDEN NAME IDA MAY DYER			14. NAME OF HUSBAND OR WIFE ALICE L. WHITING	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I			16. SOCIAL SECURITY NO.		17. INFORMANT Address MRS. ALICE L. WHITING MERRIAM, KS.		
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>(Broncho pneumonia) & lung abscesses</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Chr. myocarditis. Pulmonary edema</i> DUE TO (c) <i>Hematoma of abdominal wall.</i>						INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>A</i>						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 Month, Day, Year a.m. p.m. <i>none</i>							
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 <i>Kansas City</i>		COUNTY STATE <i>Jackson Missouri</i>	
21. I attended the deceased from <i>8/27/61</i> to <i>8/28/61</i> and last saw him alive on <i>8/28/61</i> Death occurred at <i>9:55 pm</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Fred C. Young M.D.</i>				22b. ADDRESS <i>1401 S.W. Blvd. Kans. City Kans.</i>		22c. DATE SIGNED <i>8/29/61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE <i>8-28-1961</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Jo Co Mem Gardens</i>		23d. LOCATION (City, town, or county) (State) <i>Johnson County, Kansas</i>	
24. FUNERAL DIRECTOR E. PAUL AMOS SHAWNEE, KANSAS				25. DATE RECD. BY LOCAL REG. <i>8-30-61</i>		26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF C. Young

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 Eugene P. Amos
EUGENE P. AMOS

Licensed Embalmer No. 5023

P. O. Address SHAWNEE, 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.