

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6007 -61-045139  
STATE FILE NUMBER

AMENDED

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

FILED DEC 18 1961

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |   |
| a. COUNTY<br><b>Jackson</b>   | b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Kansas City</b> | a. STATE<br><b>Kansas</b>   | b. COUNTY<br><b>Sedgwick</b>  |
| Length of stay in lb<br><b>6 days</b>   |   | c. CITY OR TOWN<br><b>Wichita</b>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION<br><b>D.O.A. Menorah Medical Center</b> |   | d. STREET ADDRESS (If outside, give location)<br><b>5854 North Sedgwick</b>           | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |                                  |   |   |
|---|----------------------------------|---|---|
| 3. NAME OF DECEASED (Type or print)   |                                  | 4. DATE OF DEATH  |   |
| First<br><b>ELSIE</b>   | Middle<br><b>EDNA</b>            | Last<br><b>WHITE</b>  | Month<br><b>11</b> Day<br><b>29</b> Year<br><b>61</b> |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>4-9-94</b>                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>  | 9. AGE (last birthday)<br><b>67</b>                   |
| 11. BIRTHPLACE (City and state or country)<br><b>Taney County, Missouri</b>                                     |                                  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |   |
| 13a. FATHER'S NAME<br><b>John Denney</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Luticia Davis</b>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Arthur White</b>  |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                       |   |
| 16. SOCIAL SECURITY NO.   |                                  | 17. INFORMANT<br><b>Mr. Clell E. Blanton: 5854 North Sedgwick</b>   |   |

|   |            |  |
|---|------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   |            | INTERVAL BETWEEN ONSET AND DEATH   |
| PART I. DEATH WAS CAUSED BY:  |            |  |
| IMMEDIATE CAUSE (a)<br><b>Coronary Arteriosclerosis</b>   | DUE TO (b) |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|  |   |  |
|--|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour<br>a.m.<br>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<br>COUNTY STATE   |

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **5:30 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

|  |  |   |
|--|--|---|
| 22a. SIGNATURE<br><b>Hugh H. Owens</b><br>(Degree or title)<br><b>M.D. Coroner</b> | 22b. ADDRESS<br><b>152 Union Station-K.C., Mo.</b> | 22c. DATE SIGNED<br><b>11-29-61</b>                               |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>                        | 23b. DATE<br><b>11-30-61</b>                       | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Old Mission Cemetery</b> |
| 23d. LOCATION (City, town, or county)<br><b>Wichita, Kansas</b>                    |  | (State)   |
| 24. FUNERAL DIRECTOR<br><b>WEILERT FUNERAL HOMES(S) K.C., MO.</b>                  | 25. DATE RECD. BY LOCAL REG.<br><b>11-29-61</b>    | 26. REGISTRAR'S SIGNATURE<br><b>Auth Long</b>                     |

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF H. Owens

**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, Forrest D. Goldsnow

Licensed Embalmer No. 4714

P. O. Address K.C. 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.