

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-002122**

**324** STATE FILE NUMBER

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

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AMENDED  
DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
SHOULD READ  
BY AFFIDAVIT OF

**FILED FEB 6 1962**

1. PLACE OF DEATH a. COUNTY: <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: <u>Missouri</u> b. COUNTY: <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <u>Kansas City, Mo</u>		c. CITY OR TOWN: <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <u>St. Luke's Hosp.</u>		d. STREET ADDRESS (If outside, give location): <u>3735 Wyandotte</u>	
3. NAME OF DECEASED (Type or print) First: <u>Grace</u> Middle: <u>C.</u> Last: <u>WHITE</u>			4. DATE OF DEATH Month: <u>1</u> Day: <u>17</u> Year: <u>62</u>
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: <u>8-22-81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>-----</u>	11. BIRTHPLACE (City and state or country): <u>PECULIAR, MISSOURI</u>
13a. FATHER'S NAME: <u>JOSEPH COLE</u>		13b. MOTHER'S MAIDEN NAME: <u>MARY JANE LAFFOON</u>	14. NAME OF HUSBAND OR WIFE: <u>H. J. WHITE</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>[REDACTED]</u>	17. INFORMANT: <u>C. J. PATTERSON</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH: <u>5 hrs.</u>
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 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 <u>1-17-62</u> to <u>1-17-62</u> and last saw her/him alive on <u>1-17-62</u> . Death occurred at <u>6:55 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE: <u>John B. Justus M.D.</u>		22b. ADDRESS: <u>4620 Nichols Hwy K.C., Mo.</u>	
22c. NAME OF CEMETERY OR CREMATOR: <u>WEST UNION CEMETERY</u>		22d. LOCATION (City, town, or county) (State): <u>PECULIAR MISSOURI</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify): <u>REMOVAL</u>		23b. DATE: <u>JAN. 19, '62</u>	
24. FUNERAL DIRECTOR: <u>D. W. NEWCOMER'S SONS</u>		25. DATE RECD. BY LOCAL REG.: <u>1-18-62</u>	
ADDRESS: <u>1331 BRUSH CR. KANSAS CITY, MO.</u>		26. REGISTRAR'S SIGNATURE: <u>Ruth Long</u>	

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 Harold L. Eckhardt

Licensed Embalmer No. 3035

P. O. Address H. C. Adams

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.