

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

887 -62-006757
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 887

AMENDED

Place of Death MAR 7 1962

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City Length of stay in 1b 2yrs

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 3407 Prospect Inside Limits Yes No

d. STREET ADDRESS 3407 Prospect (If outside, give location) Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE Missouri COUNTY Jackson

c. CITY OR TOWN Kansas City Inside Limits Yes No

3. NAME OF DECEASED (Type or print) First Janavieve Middle White Last White

4. DATE OF DEATH Month Feb. Day 11. Year 1962

5. SEX Female 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12/25/16 9. AGE (last birthday) 45

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) Coach Cleaner 10b. KIND OF BUSINESS OR INDUSTRY Rail Road 11. BIRTHPLACE (City and state or country) Kansas 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Eligah McClain 13b. MOTHER'S MAIDEN NAME Carolyn L. Wright 14. NAME OF HUSBAND OR WIFE Charles White

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. [Redacted]

17. INFORMANT Betty McClain, K.C. Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) History of Hypertension

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour _____ Minute _____ Month, Day, Year _____ a.m. _____ p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 _____ and last saw her/him alive on _____ Death occurred at _____ 4:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owens Coroner 22b. ADDRESS 152. Norton Station 22c. DATE SIGNED 2-14-62

23a. BURIAL REMOVAL (Specify) Burial 23b. DATE 2/15/1962 23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn 23d. LOCATION (City, town, or county) (State) K.C. Jackson Mo.

24. FUNERAL DIRECTOR Bailey Funeral Home. K.C. Kansas 25. DATE RECD. BY LOCAL REG. 2-14-62 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED _____
INSTEAD OF _____
DOCUMENT _____
MEDICAL CERTIFICATION _____
BY AFFIDAVIT OF _____
ITEM NO. SHOULD READ _____

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 Clifford J. Woods

Licensed Embalmer No. 3106

P. O. Address 1520 N. 5th

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.