

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047280

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6309

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED DEC 26 1962**

VS 300  
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF  
Robert L. Ward  
MEDICAL CERTIFICATION

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO.</u> b. COUNTY <u>JACKSON</u>                       |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>KANSAS CITY</u>   |   | Length of stay in 1b<br><u>43 yrs.</u>  | c. CITY OR TOWN <u>KANSAS CITY</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>ST. MARY'S</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>621 INDIANA</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                               |
| 3. NAME OF DECEASED<br>(Type or print) <u>IRMA BEATRICE WHITMEYER</u>   |   |   | 4. DATE OF DEATH<br>Month <u>Dec.</u> Day <u>9</u> Year <u>1962</u>   |
| 5. SEX<br><u>FEMALE</u>   | 6. COLOR OR RACE<br><u>WHITE</u>  | 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><u>12/6/1899</u>  |
| 9. AGE (last birthday)<br><u>63</u>   |   | IF UNDER 1 YEAR<br>Months <u>        </u> Days <u>        </u>  | IF UNDER 24 HR<br>Hours <u>        </u> Min. <u>        </u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>APARTMENT MGR.</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>APT. RENTALS</u>  | 11. BIRTHPLACE (City and state or country)<br><u>STURGIS, MO.</u>   |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |   | 13a. FATHER'S NAME<br><u>WILLIAM LEROY SHARP</u>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><u>JESSIE SARAH PURDIE</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>FRANK A. WHITMEYER</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>  |   | 16. SOCIAL SECURITY NO.<br><u>NONE</u>  | 17. INFORMANT<br><u>KENNETH E. BRYAN</u><br>Address <u>3428 E. 6TH</u><br><u>K.C., MO.</u>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cirrhosis of Liver</u><br>DUE TO (b) <u>Cause Undetermined</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>unknown</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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>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>10-1-62</u> to <u>12-9-62</u> and last saw her alive on <u>12-9-62</u><br>Death occurred at <u>5:10</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |   |
| 22a. SIGNATURE<br><u>Robert L. Ward, M.D.</u>   |   | 22b. ADDRESS<br><u>4126 St John</u>   | 22c. DATE SIGNED<br><u>12-11-62</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>  | 23b. DATE<br><u>12/12/62</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>FOREST HILL</u>  | 23d. LOCATION (City, town, or county)<br><u>KANSAS CITY, MO.</u><br>(State)   |
| 24. FUNERAL DIRECTOR<br><u>C.H. BLACKMAN &amp; SON K.C., MO.</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>12-11-62</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Ruth Long</u>   |

USE BLACK INK OR TYPEWRITER RIBBON

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.