

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011993

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1861

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 4 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Martin P. Hunter, M.D. MEDICAL CERTIFICATION

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Mo | | c. CITY OR TOWN Kansas City Mo | |
| Length of stay in lb <u>20 yrs</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph Hospital | | d. STREET ADDRESS (If outside, give location) 3416 Paseo | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Margaret Middle J Last White | | | 4. DATE OF DEATH Month March Day 20 Year 1963 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4-6-1880 |
| 9. AGE (last birthday) 82 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 11. BIRTHPLACE (City and state or country) Des Moines Iowa |
| 12. CITIZEN OF WHAT COUNTRY U S A | | 13. MOTHER'S MAIDEN NAME Mary Davis | |
| 14. NAME OF HUSBAND OR WIFE Alma R White | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes, give war or dates of No | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Norman L White 3416 Paseo Kansas City Mo | |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral vascular accident</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause (c). 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) | | | 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>7/15/1950</u> to <u>March 20, 1963</u> and last saw her alive on <u>March 19, 1963</u> Death occurred at <u>3:25 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Martin P. Hunter M.D.</u> | | 22b. ADDRESS <u>4706 Broadway</u> | 22c. DATE SIGNED <u>3/22/63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3-22-1963 | 23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery | 23d. LOCATION (City, town, or county) (State) Independence Mo |
| 24. FUNERAL DIRECTOR ADDRESS Roland R Speaks Funeral Home Independence | | 25. DATE RECD. BY LOCAL REG. 3-22-63 | 26. REGISTRAR'S SIGNATURE <u>Oruth 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 *Rand Lindsey*

Licensed Embalmer No. 5198

P. O. Address *Indep 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.

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