

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12874**Registrar's No. **1786**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1786			
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, write RURAL and give town) OR Kansas City		c. LENGTH OF STAY (in this place) 33 years		c. CITY (If outside corporate limits, write RURAL and give township) OR Kansas City		d. STREET ADDRESS (If rural, give location) 600 Chestnut			
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital				3. NAME OF DECEASED a. (First) ADA b. (Middle) MAY c. (Last) WHITNEY					
4. DATE OF DEATH (Month) (Day) (Year) 4 22 1951		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH 3-19-1893		9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home			
11. BIRTHPLACE (State or foreign country) Clay County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Benjamin Thomas Asbury		13b. MOTHER'S MAIDEN NAME Jeanette Creek			
14. NAME OF HUSBAND OR WIFE Lawrence R. Whitney		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. None		17. INFORMANT'S SIGNATURE OR NAME Lawrence R. Whitney ADDRESS 600 Chestnut, K.C., Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral + generalized arteriosclerosis DUE TO (c) Essential hypertension				INTERVAL BETWEEN ONSET AND DEATH 5 days 4 yrs + 331X 6 yrs +	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 3-27, 1950 to 4/22, 1951 , that I last saw the deceased alive on 4/22, 1951 and that death occurred at 1:40 P.m. , from the causes and on the date stated above.									
23. SIGNATURE Joseph E. Welker M.D. MD (Degree or title)				23b. ADDRESS 836 Prof. Bldg. K.C. Mo		23c. DATE SIGNED 4/23/51			
24a. DATE REC'D BY LOCAL REG. 4-24-51		24b. REGISTRAR'S SIGNATURE Leraldine Holmes		24c. NAME OF CEMETERY OR CREMATORY Barry Missouri Cemetery		24d. LOCATION (City, town, or county) (State) Barry, Missouri			
25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C.L. Forster ADDRESS 918-20 Brooklyn, K.C., Mo.									

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1721 SS

AD

APR 9 1953

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
Student Embalmer

Signed *Dean Owens*

Licensed Embalmer No. *4280*

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 this body is not embalmed, fact should be so stated above.