

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25248

State File No.

3545

FILED AUG 6 - 1953

| | | | | | | | | | |
|--|-------------------------------|--|--|--|---|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>6 mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 3688</u> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mary Rest Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>4251 Jefferson St.</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u> b. (Middle) <u>Elinor</u> c. (Last) <u>White</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7 17 1953</u> | | | | | | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u> | 8. DATE OF BIRTH <u>9-22-1872</u> | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 10 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Moran, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>George W. McLaughlin</u> | | 13b. MOTHER'S MAIDEN NAME <u>Abigail Pickrell</u> | | 14. NAME OF HUSBAND OR WIFE <u>Wm. Edward White, deceased.</u> | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no none</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mona Stevenson</u> | | ADDRESS <u>1644 North 18th KCK</u> | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Debility</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Spinal Spondylitis</u> DUE TO (c) <u>Degenerative Arthritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>7230</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ | | 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 <u>June 1951</u> , to <u>July 9, 1953</u> , that I last saw the deceased alive on <u>July 9, 1953</u> , and that death occurred at <u>12:00</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Gertrude Stevens</u> (Degree or title) <u>Dr.</u> | | | | 23b. ADDRESS <u>2002 1103 E. Adams Blvd</u> | | 23c. DATE SIGNED <u>7-19-53</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7-18-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>KC Mo.</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>7-17-53</u> | | REGISTRAR'S SIGNATURE <u>Sheldine Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Werner Mortuary</u> | | ADDRESS <u>KCK</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY - USING UNFADING INK - IN A PERMANENT RECORD

Dr. Stevens
1103 E. Armon
VA 4245

Handwritten signature

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 *John Chick Werner*

Licensed Embalmer No. *2598*

P. O. Address *Kansas City Kan*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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