

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 27 1953

25317

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>288</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>INDEPENDENCE</u>			c. LENGTH OF STAY (in this place) <u>33 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>INDEPENDENCE</u>			<u>now 5</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>215 W. SOUTH SIDE BLVD.</u>				d. STREET ADDRESS (If rural, give location) <u>215 W. SOUTH SIDE BLVD</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ROBERT</u>		b. (Middle) <u>E.</u>		c. (Last) <u>WHITSITT</u>	
4. DATE OF DEATH		(Month) <u>JULY</u>		(Day) <u>12</u>		(Year) <u>1953</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 2, 1881</u>	
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHEMIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CITY LIGHT DEPT.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PROMISE CITY IOWA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>NELSON WHITSITT</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA LEACH</u>		14. NAME OF DECEASED'S WIFE <u>MRS. LILLIE GRACE WHITSITT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-09-0274</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. GRACE WHITSITT 215 W.S.S. BLVD.</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>Coronary Arteriosclerosis & Thrombosis + Occlusion</u> ANTECEDENT CAUSES <u>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>F.F.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden Death</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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) (Min.)		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>Feb. 10, 1933</u> to <u>July 12, 1953</u> , that I last saw the deceased alive on <u>July 12, 1953</u> , and that death occurred at <u>6:30 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas. Grassake, M.D.</u>				23b. ADDRESS <u>Independence, Mo.</u>		23c. DATE SIGNED <u>7/15/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 15 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MOUND GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE JACKSON MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>7-14-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. SANITARY DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>INDEPENDENCE MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

JUL 31 1953

JAN 18 1954

JUL 27 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

John P. Bidman

Licensed Embalmer No. 45-31

P. O. Address Kansas City, 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.