No. 300
10-48
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 527

FILED FEB 15 1954 BIRTH NO. 8-54 REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4092 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrisonville
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrisonville 0191 0
d. STREET ADDRESS (If rural, give location): 1100 N Independence Ave

3. NAME OF DECEASED (Type or Print)
a. (First): PATRICIA
b. (Middle): LYNN
c. (Last): WHITAKER

4. DATE OF DEATH (Month) (Day) (Year): Feb 9 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Feb 7-1954
9. AGE (In years last birthday): —
If under 1 year: Months —; Days 2; Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Harrisonville Mo
12. CITIZEN OF WHAT COUNTRY?: U S A
13a. FATHER'S NAME: Lester Whitaker
13b. MOTHER'S MAIDEN NAME: Betty Osborn
14. NAME OF HUSBAND OR WIFE: ✓
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: UNONE
17. INFORMANT'S SIGNATURE OR NAME: Lester Whitaker
ADDRESS: Harrisonville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown — Further proof of death pending results of finding at Autopsy.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 18 hr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-7-, 1954, *to* 2-9-, 1954, *that I last saw the deceased alive on* 2-9-, 1954, *and that death occurred at* 7:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward S. Jones MD
23b. ADDRESS: Harrisonville, MO
23c. DATE SIGNED: 2-10-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 10-1954
24c. NAME OF CEMETERY OR CREMATORY: Orient Cemetery
24d. LOCATION (City, town, or county) (State): Harrisonville Mo

DATE REC'D BY LOCAL REG.: 2-10 54
REGISTRAR'S SIGNATURE: Dora Barnard 4-7-
25. FUNERAL DIRECTOR'S SIGNATURE: Bennenburgers
ADDRESS: Harrisonville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
FEB 13 1954
HEALTH DEPARTMENT

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 James R. Phillips

Licensed Embalmer No. 4641

P. O. Address Harrisonville, 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.