

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34222**

FILED NOV 10 1954

**4952**

|   |  |   |   |  |  |  |   |
|---|--|---|---|--|--|--|---|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>   |   | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. <u>4952</u>  |   |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Kansas</b> b. COUNTY <b>WYANDOTTE</b> |  |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Kansas City</b>  |  | c. LENGTH OF STAY (in this place)<br><b>AT WORK</b>   |   | c. CITY OR TOWN <b>Kansas City</b>   |  | d. In Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fisher Body Plant</b>  |  |   |   | e. STREET ADDRESS (If rural, give location)<br><b>1046 Greeley</b>   |  |  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>William E.</b> b. (Middle) <b>Whitesell</b> c. (Last)   |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>10-23-54</b> |  |  |  |   |
| 5. SEX <b>Male</b>  |  | 6. COLOR OR RACE <b>White</b>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   |  | 8. DATE OF BIRTH<br><b>12-27-1904</b>  |   |
| 9. AGE (In years last birthday) <b>49</b>   |  | 10. UNDER 1 YEAR Months   |   | 11. UNDER 2 HRS. Days  |  | 12. UNDER 24 HRS. Hours Min.   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Millwright</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Fisher Body Plant</b>   |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Dewey Okla.</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |   |
| 13a. FATHER'S NAME<br><b>J.E. Whitesell</b>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Grace Crust</b>             |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Irene Whitesell</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>   |  |   | 16. SOCIAL SECURITY NO.<br><b>510-05-0747</b>               |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Irene Whitesell 1046 Greeley</b> |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cause of death unknown</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><b>7955</b> |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>Post Refused</b>   |   |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><b>Natural</b>  |  | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. |  |   |   |  |  |  |   |
| 23a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title)   |  |   |   | 23b. ADDRESS<br><b>1034 Prairie Bldg</b>   |  | 23c. DATE SIGNED<br><b>10-25-54</b>  |   |
| 24a. BURIAL CREMATION OR OTHER REMOVAL (Specify)<br><b>Burial</b>   |  | 24b. DATE<br><b>Oct. 26, 1954</b>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Maple Hill Cem.</b>   |  | 24d. LOCATION (City, town or county) (State)<br><b>Kansas City, Kansas</b>   |   |
| DATE REC'D BY LOCAL REG<br><b>10-25-54</b>  |  | REGISTRAR'S SIGNATURE<br><b>neva minshall</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Simmons</b>   |  | ADDRESS<br><b>Kansas City, Ks.</b>   |   |

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Richard E. Carroll*.....

Licensed Embalmer No. *782*.....

P. O. Address *R. E. Smith*.....

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.