

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **40967****5058**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **2002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>5 7/16</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>				STREET ADDRESS (If rural, give location) <b>4127 Locust</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lee</b>			b. (Middle)		c. (Last) <b>White</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11 19 55</b>			
5. SEX <input type="radio"/> Male <input type="radio"/> Female		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Sept. 23, 1880</b>		9. AGE (In years last birthday) <b>75</b>		
IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 4 HRS. Hours		IF UNDER 15 MIN. Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Bookkeeper</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Meat Packing Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Plattsburg, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>William A. White</b>			13b. MOTHER'S MAIDEN NAME <b>Frances (Unknown)</b>			14. NAME OF HUSBAND OR WIFE <b>Edna I. White</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>510-05-5857</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. George Golden, 920 Tracy</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Undetermined pending investigation</b>				<i>Cancer of stomach</i>						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES						
				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.				<b>151+</b>		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" 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 <b>Nov. 15, 1955</b> , to <b>Nov. 19, 1955</b> , that I last saw the deceased alive on <b>Nov. 19, 1955</b> , and that death occurred at <b>11:42A m.</b> , from the causes and on the date stated above.										
23a. SIGNATURE <i>B.I. Burns M.D.</i> B.I. Burns (Degree or title) D					23b. ADDRESS <b>24th &amp; Cherry</b>			23c. DATE SIGNED <b>11-21-55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-21-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>				
DATE REC'D BY LOCAL REG. <b>11-21-55</b>			REGISTRAR'S SIGNATURE <i>Neva Marshall</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McGilley-Eylar, 1800 E. Linwood</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

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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..... *Melvin Barteau*

Licensed Embalmer No. *490*

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.