

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9371**
934

FILED MAR 21 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 41 YEARS		e. STREET ADDRESS (If rural, give location) 3708 CENTRAL STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. LUKE'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) HOMER b. (Middle) H. c. (Last) WHITAKER			4. DATE OF DEATH FEBRUARY 28 1956 (Month) (Day) (Year)			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 22, 1880	9. AGE (In years last birthday) 75	IF UNDER YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER		10b. KIND OF BUSINESS OR INDUSTRY PIANO STORE		11. BIRTHPLACE (City and State or Foreign Country) BETHANY, OHIO		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME JOHN WHITAKER		13b. MOTHER'S MAIDEN NAME HANNAH HARRIS		14. NAME OF HUSBAND OR WIFE ROSE R. WHITAKER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 486-10-5742		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. ROSE R. WHITAKER, 3708 CENTRAL X. C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left anterior myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 2 days 4201
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Occlusion ant. descending artery		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 June 1954, to Feb 28, 1956, that I last saw the deceased alive on Feb. 28, 1956 and that death occurred at 9:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE E. L. Slentz (Degree or title)		23b. ADDRESS 315 Nichols Road, Kaw. City, Mo.		23c. DATE SIGNED 3/1/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 2, 1956		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
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DATE REC'D BY LOCAL REG. 3-2-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer		ADDRESS 1321 Broadway, Kansas City, Mo.	
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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.....
Adrian Jay Still

Licensed Embalmer No. *48*

P. O. Address *S. C. M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.