

FILED APR 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9387**
1238
Registrar's No.

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 58 yrs.		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital				e. STREET ADDRESS (If rural, give location) 1511 E. 50 Th. St. Terr.			
3. NAME OF DECEASED (Type or Print)		a. (First) Clyde		b. (Middle) Vassar		c. (Last) Witherup	
4. DATE OF DEATH (Month) (Day) (Year) March 17, 1956		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Nov. 11, 1867		9. AGE (In years) (Months) (Days) (Hours) (Min.) 88		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Hunnewell Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME David A. Witherup		13b. MOTHER'S MAIDEN NAME Sarah Barnabee	
14. NAME OF HUSBAND OR WIFE Carrie Alta Witherup		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. none		17. INFORMANT'S SIGNATURE OR NAME Irma M. Witherup	
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) Broncho pneumonia		DUE TO (b) Emphysema				4 weeks	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Bronchiectasis				5 years	
II. OTHER SIGNIFICANT CONDITIONS		Generalized arteriosclerosis				3 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 10 January 1956 , to 17 March, 1956 , that I last saw the deceased alive on 17 March, 1956 , and that death occurred at 9:00 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE Blaine Z. Hibbard MD		23b. ADDRESS 411 Nichols Rd KCMo		23c. DATE SIGNED 19 Mar 56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 3/21/56		24c. NAME OF CEMETERY OR CREMATORY Floral Hills		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.	
DATE REC'D BY LOCAL REG. 3-20-56		REGISTRAR'S SIGNATURE Neva Marshall		ADDRESS K.C.MO.		526X	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

Dr. Blaine C. Hibbard
411 Nichols Rd Va. 1-4350

Exp 9:15 P

about 1:30 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elmo D. Ljajic*

Licensed Embalmer No. 48

P. O. Address *Kansas City*

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