

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13559

State File No.

FILED MAY 10 1956

BIRTH NO. 205015967-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1803

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) Kansas City		c. LENGTH OF STAY (in this place) 4 days		c. CITY OR TOWN Independence	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kansas City Osteopathic		e. STREET ADDRESS (If rural, give location) 1307 West Elm			

3. NAME OF DECEASED (Type or Print) a. (First) Raymond		b. (Middle) Gerald		c. (Last) Whattam		4. DATE OF DEATH (Month) (Day) (Year) April 23, 1956	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Feb. 11, 1956	
9. AGE (in years last birthday) 2		IF UNDER 1 YEAR Months 12		IF UNDER 4 HRS. Hours 12		IF UNDER 4 MIN. 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) Kansas City, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S.							

13a. FATHER'S NAME Elbert Whattam		13b. MOTHER'S MAIDEN NAME Mary Frances Parrish		14. NAME OF HUSBAND OR WIFE none	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Elbert Whattam		ADDRESS Indep. Mo.	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bronchial pneumonia				INTERVAL BETWEEN ONSET AND DEATH 7 days	
		DUPLICATE (b) Inanition + Rehabilitation					
		DUPLICATE (c) Enteritis					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				5710	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 4-18 ¹⁹⁵⁶, to 4-23, 1956, that I last saw the deceased alive on 4-22, 1956, and that death occurred at 4:15a. m., from the causes and on the date stated above.

23a. SIGNATURE Myron D Jones		23b. ADDRESS 926 E 11th St		23c. DATE SIGNED 4-23-56	
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24a. BURYING CREMATION, REMOVAL (Specify) removal		24b. DATE 4-25-1956		24c. NAME OF CEMETERY OR CREMATORY Mound Grove		24d. LOCATION (City, town, or county) (State) Independence, Mo.	
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DATE REC'D BY LOCAL REG. 4-25-56		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE Roland R. Speaks		ADDRESS Indep 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.....

Licensed Embalmer No.....

P. O. Address.....

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.