

FILED AUG 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27219

3319

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1022		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson			
b. CITY (If outside of corporate limits, write RURAL and give name of township) Kansas City		c. LENGTH OF STAY (If in institution) 39 yrs		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"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Atmospheric Hosp -				e. STREET ADDRESS (If rural, give location) 404 Garfield 310			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) W		c. (Last) WHITE		4. DATE OF DEATH (Month) (Day) (Year) 7-29-1956	
5. SEX male		6. COLOR OF RACE white		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 5-20-1887	
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) maintenance man - mech		11. BIRTHPLACE (City and State or Foreign Country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ben White		13b. MOTHER'S MAIDEN NAME Rita Wood		14. NAME OF HUSBAND OR WIFE Mary White			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 486-09-2649		17. INFORMANT'S SIGNATURE OR NAME Mary White		ADDRESS 404 Garfield	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) MYOCARDIAL INSUFFICIENCY				30 MIN	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MYOCARDIAL INFARCTION DUE TO LEFT CORONARY ARTERY OCCLUSION DUE TO (c) CORONARY ARTERIOSCLEROSIS				7 DAYS 1 YR	
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC INTERSTITIAL NEPHRITIS				4 MO	
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 Feb. 27, 1956, to July 29, 1956, that I last saw the deceased alive on July 29, 1956, and that death occurred at 11:00 Am., from the causes and on the date stated above.							
23a. SIGNATURE F. L. Harmon, D.O. (Degree or title)				23b. ADDRESS 150. 2 2105 INDEP AVE.		23c. DATE SIGNED 7-30-56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8-1-56		24c. NAME OF CEMETERY OR CREMATORY Mt Morial Cem Kansas City, Mo		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 8-1-56		REGISTRAR'S SIGNATURE Neva Minchall		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS KC Mo	

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

~~Dr. Ames~~
Dr. Harman

APR 10 1958

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 *Ronald Passantino*

Licensed Embalmer No. *4554*

P. O. Address *KCMo*

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.