

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13554

State File No. _____

FILED MAY 6 - 1957

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 85

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 corporate limits, write RURAL and give township) OR TOWN Lee's Summit		c. LENGTH OF STAY (in this place) 5 Yrs.	c. CITY OR TOWN Lee's Summit
d. FULL NAME OF HOSPITAL OR INSTITUTION Persel Road		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) Persel Road	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Phillip c. (Last) White			4. DATE OF DEATH (Month) (Day) (Year) 4-27-1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct, 7 1894		9. AGE (In years last birthday) Months Days Hours Min. 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and State or Foreign Country) Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George P. White		13b. MOTHER'S MAIDEN NAME Sally Vanover		14. NAME OF HUSBAND OR WIFE Rosie White	
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. 495-10-2263		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chester White Independence 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach		INTERVAL BETWEEN ONSET AND DEATH 7 months	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151X		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 Sept 21, 1956, to April 27, 1957, that I last saw the deceased alive on April 27, 1957, and that death occurred at 5:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clint Miller MD		23b. ADDRESS Lee's Summit MO		23c. DATE SIGNED 4-27-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/29/1957		24c. NAME OF CEMETERY OR CREMATORY Mt Olivet	
		24d. LOCATION (City, town, or county) (State) Hickman Mills Mo.			

DATE REC'D BY LOCAL REG. 4-29-1957		REGISTRAR'S SIGNATURE N.B. Langsford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Langsford Funeral Home Lee's Summit Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7001 0

70010

483-0

RECEIVED

MAY 3 1957

MAY 8 1957
MAY 13 1957

FEB 18 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 *W. B. Longford*
Licensed Embalmer No. *102*
P. O. Address *102 Sumner*

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.