Health, Welfare Public Service

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FILED MAR 13 1958

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-005945
STATE FILE NUMBER 1006

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Jackson | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Kansas b. COUNTY Johnson |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ] | c. CITY OR TOWN Leawood — Inside Limits Yes [X] No [ ] |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hosp. — Length of stay: ~~25 years~~ 26 days | d. STREET ADDRESS (If outside, give location) 2019 West 86th — Reside on Farm Yes [ ] No [X] |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) MR Edmond Whiteley | | | 4. DATE OF DEATH Month Day Year Feb. 21, 1958 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] | 8. DATE OF BIRTH July 28, 1891 | 9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Supt. Raymond Concrete Company | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Beverly, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Benjamin F. Whiteley | 13b. MOTHER'S MAIDEN NAME Mary Skinner | 14. NAME OF HUSBAND OR WIFE Edna Wells Whiteley Dec. | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) W.W. II | 16. SOCIAL SECURITY NO. 270-07-1037 | 17. INFORMANT Margery Whiteley | Address 2019 West 86th Street | |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bronchopneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Gastrointestinal Hemorrhage

DUE TO (c) Acute Myelogenous Leukemia — 2 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-4-57, to 2-21-58 and last saw him alive on 2-21-58

Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

| 22a. SIGNATURE (Degree or title) | 22b. ADDRESS | 22c. DATE SIGNED |
|---|---|---|
| R K Skillman M.D. | 1635 Wyandotte, K.C. Mo. | 2-22-58 |

| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Feb. 25, 1958 | Forest Hill Cemetery | Kansas City, Missouri |

| 24. FUNERAL DIRECTOR | ADDRESS | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE |
|---|---|---|---|
| Stine & McClure Und. Co. | K. C., Mo. | 2-24-58 | Neva Marshall |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R. K. Skillman

46 E S Gyo-d. 11 c
until 5:30 Sat.

## 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 F S Walton

Licensed Embalmer No 2744

P. O. Address K C Mo

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.