

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

92433-58 58-029312

STATE FILE NUMBER 3759

6:00 AUG 20 1958

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

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cass</i>	
b. CITY OR TOWN <i>Kansas City mo</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Belton 0190</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Lakeside</i>		Length of stay in 1b <i>3 hrs</i>	d. STREET ADDRESS (If outside, give location) <i>516 3rd St.</i>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>INFANT GIRL Whitelaw</i>			4. DATE OF DEATH Month Day Year <i>August 4 1958</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>August 3 1958</i>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <i>3</i>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>infant</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>	11. BIRTH PLACE (City and state or country) <i>Kansas City Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Thomas Mark Whitelaw</i>	13b. MOTHER'S MAIDEN NAME <i>Alice Mae Doerrman</i>	14. NAME OF HUSBAND OR WIFE <i>—</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT <i>Mr Thomas Whitelaw</i> Address <i>Belton Mo. 516 3rd St</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Anoxia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>76-25</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Prematurity</i>		
DUE TO (c) <i>—</i>		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY .Hour .Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <i>8-3-58</i> to <i>8-4-58</i> and last saw her alive on <i>8-4-58</i> Death occurred at <i>12 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>RL Must No</i> (Degree or title) <i>—</i>	22b. ADDRESS <i>Shandview Mo</i>	22c. DATE SIGNED <i>8-4-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>8-8-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>—</i>	23d. LOCATION (City, town, or county) (State) <i>Saranac Lake N.Y.</i>
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24. FUNERAL DIRECTOR <i>Ed George &amp; Sons Inc</i> ADDRESS <i>Belton Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>8-5-58</i>	26. REGISTRAR'S SIGNATURE <i>neva minshall</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R. L. West



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 *Sterling E. Boardman*  
Licensed Embalmer No. *4911*  
P. O. Address *Grandview*

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.