Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029313
STATE FILE NUMBER

FILED AUG 27 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3836

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 600 Chestnut — Length of stay in Ib 35 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 600 Chestnut — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First LAWRENCE Middle R. Last WHITNEY

4. DATE OF DEATH Month Aug. Day 9, Year 1958

5. SEX male 0

6. COLOR OR RACE white

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Jan. 31, 1892

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) Public Service co.

10b. KIND OF BUSINESS OR INDUSTRY Trans.

11. BIRTHPLACE (City and state or country) Chicago, Illinois

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Frank Whitney

13b. MOTHER'S MAIDEN NAME — Vonpoppenhausen

14. NAME OF HUSBAND OR WIFE Ada Whitney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) W. W. # I.

16. SOCIAL SECURITY NO. 486-07-5441

17. INFORMANT Robert E. Whitney Address 600 Chestnut

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial decompensation — 10 hrs
DUE TO (c) Arteriosclerosis — 25 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Diabetes mellitus 4-2-21
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 1946, to Aug 9, 1958 and last saw ~~her~~ him alive on Aug 8 '58
Death occurred at 3 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. H. Crouch (Degree or title) M.D.
22b. ADDRESS 2805 E. 6th Kansas City 24 Mo
22c. DATE SIGNED 8-10-58

23a. ~~BURIAL~~, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug. 11, 1958
23c. NAME OF CEMETERY OR CREMATORY Barry Cemetery
23d. LOCATION (City, town, or county) Barry, Missouri (State)

24. FUNERAL DIRECTOR Muehlebach Funeral Home ADDRESS 6800 Troost
25. DATE RECD. BY LOCAL REG. 8-10-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

R. H. Crouch

Dr Crowell
will come by and
sign

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 J. T. Crowell

Licensed Embalmer No. 4904

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.