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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-033085
STATE FILE NUMBER

FILED OCT 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4442

**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: General Hosptial #2 — Length of stay in 1b: About 4Oyrs.

**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): 1007 Highland — Reside on Farm: Yes [ ] No [X]

**3. NAME OF DECEASED** (Type or print): First: Frank Middle: Last: Whitehead Sr.
**4. DATE OF DEATH**: Month Day Year: September 16, 1958
**5. SEX**: Male
**6. COLOR OR RACE**: Negro
**7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]
**8. DATE OF BIRTH**: March 18, 1894
**9. AGE** (In years last birthday): 64 — 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): Spiller Operator
**10b. KIND OF BUSINESS OR INDUSTRY**: Swift Packing Co.
**11. BIRTHPLACE** (City and state or country): Mansfield, Ga.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: Robert Whitehead
**13b. MOTHER'S MAIDEN NAME**: Chattie Smith
**14. NAME OF HUSBAND OR WIFE**: Neal Whitehead
**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 510-07-3723
**17. INFORMANT**: Frank Whitehead Jr. Address: 1007 Highland

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) Hypertensive Vascular Disease.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 334X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic brain syndrome associated with Cerebral Arteriosclerosis.
**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 September 15, 1958 to September 16, 1958 and last saw her/him alive on September 16, 1958
Death occurred at 8:22 Am on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): [signature] MD
**22b. ADDRESS**: 600 E. 22nd Street
**22c. DATE SIGNED**: 9-17-58

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**23b. DATE**: 9/20/58
**23c. NAME OF CEMETERY OR CREMATORY**: Lincoln Cemetery
**23d. LOCATION** (City, town, or county) (State): Kansas City, Mo.
**24. FUNERAL DIRECTOR**: E. Sterling Bills — **ADDRESS**: 1212 [illegible]
**25. DATE RECD. BY LOCAL REG.**: 9-18-58
**26. REGISTRAR'S SIGNATURE**: Neva Minshall

(License Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

E. Frank Ellis

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 E. Sterling Bil

Licensed Embalmer No. 3178

P. O. Address 1212 Wi

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.