

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033204

STATE FILE NUMBER

FILED SEP 30 1958

Registration District No. 146 Primary Registration District No.

5-5-69 Registrar's No. 395

S. 300  
7-1-57

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BROOKING</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>BROOKING</b> 7000		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>LITTLE BLUE &amp; NORFLEET RDS.</b>		Length of stay in lb <b>23 Yrs</b>	d. STREET ADDRESS <b>LITTLE BLUE &amp; NORFLEET Rds.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>MINOR</b> Middle <b>CURTICUS</b> Last <b>WHITE</b>			4. DATE OF DEATH Month <b>SEPT.</b> Day <b>20</b> Year <b>1958</b>		
5. SEX <b>MALE</b> 0	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>DEC. 12, 1889</b>		9. AGE (In years last birthday) <b>68</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dairyman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Route</b>	11. BIRTHPLACE (City and state or country) <b>K.C.Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>JAMES G. WHITE</b>		13b. MOTHER'S MAIDEN NAME <b>THERESA SCHMALTZ</b>		14. NAME OF HUSBAND OR WIFE <b>ELIZABETH M. WHITE</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>492-05-5618A</b>		17. INFORMANT Address <b>Elizabeth M. White, Raytown, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Squamous Cell Carcinoma of Lung</b>					INTERVAL BETWEEN ONSET AND DEATH <b>11 months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					<b>163 X</b>
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.) <b>2</b>			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT WORK <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	
21. I attended the deceased from <b>January 1958</b> to <b>Sept. 1958</b> and last saw him alive on <b>Sept. 19<sup>th</sup> 1958</b> Death occurred at <b>9:15 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>William Y. Eubank M.D.</b>			22b. ADDRESS <b>Raytown Clinic, Raytown, Mo.</b>		22c. DATE SIGNED <b>9-22-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>SEPT 22, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>LEE'S SUMMIT CEMETERY</b>	
				23d. LOCATION (City, town, or county) (State) <b>LEE'S SUMMIT, MO.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>E. CLARK FEGERT, RAYTOWN, MO.</b>			25. DATE RECD. BY LOCAL REG. <b>9-22-58</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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.

OCT 8 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  .....

Licensed Embalmer No. 3983 .....

P. O. Address RAYTOWN, 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.