

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040280

STATE FILE NUMBER 5370

FILED DEC 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5370

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8811 Rainbow Lane		Length of stay in lb 30 years.	d. STREET ADDRESS (If outside, give location) 8811 RAINBOW LANE
3. NAME OF DECEASED (Type or print) First Theresa Middle MAY Last White			4. DATE OF DEATH Month NOV. Day 10, Year 1958
5. SEX FEMALE	6. COLOR OR RACE Cauc.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 15, 1928
9. AGE (In years, if UNDER 1 YEAR, last birthday) Months Days Hours Min. 30		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	
11. BIRTHPLACE (City and state or country) KANSAS City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME BERNARD White		13b. MOTHER'S MAIDEN NAME TERESA E. Doyle	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT BERNARD White 8811 RAINBOW LANE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute Tracheo-bronchial Obstruction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Excessive viscous secretions DUE TO (c) Chronic Laryngeal Tracheal Irritation Etiology PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not stated to the coroner (chronic allergy (n.m.a.) INTERVAL BETWEEN ONSET AND DEATH 1 hr. 6 hrs. 6 mo.			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.)	
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	
21. I attended the deceased from Sept 1956 to Nov. 1958 and last saw her alive on 11/10/58 Death occurred at 4:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank A. O'Connell (Degree or title)		22b. ADDRESS 7951 State Line Ke Mo	
22c. DATE SIGNED 11/10/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE NOV. 13, 1958	
23c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS City, Missouri	
24. FUNERAL DIRECTOR Muehlebach 6800 TROOST		25. DATE RECD. BY LOCAL REG. 11-12-58	
26. REGISTRAR'S SIGNATURE Merrill Marshall			

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300  
1-57

Dec. 24, 1933

1:00 P.M. Tues.  
7951 State Street

7624-1033.

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 *R. E. White* .....

Licensed Embalmer No. *4997* .....  
P. O. Address *K. C. Wis.* .....

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.