

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005967

STATE FILE NUMBER

503

FILED FEB 19 1959

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

300  
1-57

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY BOURBON		
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 FT. SCOTT		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Length of stay in lb 117 days	d. STREET ADDRESS (If outside, give location) 1233 E. Wall		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First OTTO Middle B. Last WHITE			4. DATE OF DEATH Month 1 Day 25 Year 59		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-3-95	9. AGE (In years last birthday) 0 63	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) CLINTON, ILL.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME ELIJA WHITE		13b. MOTHER'S MAIDEN NAME Sarah	
14. NAME OF HUSBAND OR WIFE Mattie B.		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I		16. SOCIAL SECURITY NO. —	
17. INFORMANT Official Records VA Hospital, K.C., Mo.		Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) — 0 — Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) — 0 — DUE TO (c) Emphysema of lungs, advanced, Pulmonary fibrosis					19. INTERVAL BETWEEN ONSET AND DEATH
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 <u>October 1, 1958</u> to <u>January 25, 1959</u> (day, month, year) by <u>//////////</u> Death occurred at <u>10:05 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>A. J. Williams, M.D.</i> (Degree or title)			22b. ADDRESS VA Hospital, K.C., Mo.		22c. DATE SIGNED 1-25-59
23a. BURIAL, CREMATION, OR REMOVAL (Specify) REMOVAL		23b. DATE JAN-26-1959		23c. NAME OF CEMETERY OR CREMATORY —	
23d. LOCATION (City, town, or county) FT. SCOTT, KANSAS		(State)			
24. FUNERAL DIRECTOR D.W. Newcomers Sons-KANSAS C. Ty, Mo.		25. DATE RECD. BY LOCAL REG. 1-26-59		26. REGISTRAR'S SIGNATURE <i>Reva Marshall</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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. 24401

P. O. Address Kansas City

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.