

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005968
STATE FILE NUMBER
687

FILED FEB 19 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 687

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE <i>Missouri</i> COUNTY <i>Carroll</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Carrollton</i> ^{City}
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>714 E 8th</i>		Length of stay in 1b <i>9 months</i>	d. STREET ADDRESS (If outside, give location) <i>None</i>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <i>Paul</i> Middle <i>Jones</i> Last <i>White</i>			4. DATE OF DEATH Month <i>2</i> Day <i>2</i> Year <i>59</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>4-22-01</i>	9. AGE (In years, months, days) <i>57</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>	IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Electrician</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (City and state or country) <i>Boquon Mo</i>	12. COUNTRY OF BIRTH <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Bramblet White</i>	13b. MOTHER'S MAIDEN NAME <i>Addie Lyons</i>	14. NAME OF HUSBAND OR WIFE <i>None</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <i>no</i> known) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>427-16-3135</i>	17. INFORMANT <i>Rene E. Grant</i> ^{Address} <i>Carroll Mo</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arteriosclerotic heart disease</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Generalized atherosclerosis</i>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONTRIBUTING 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.)
20c. TIME OF INJURY Hour <i>4:30</i> Month, Day, Year a.m. <i>0</i> p.m. <i>0</i>	

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 <i>Carrollton</i>	COUNTY <i>Carroll</i>	STATE <i>Mo</i>
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21. I attended the deceased from _____, to _____, and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Ray Dickerson</i> (Degree or title) <i>1st Deputy Coroner</i>	22b. ADDRESS <i>6627 Perfect's Ave</i>	22c. DATE SIGNED <i>2-3-59</i>
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23a. BURIAL OR CREMATION (If removal, specify) <i>Buried</i>	23b. DATE <i>2-4-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Smith Cemetery</i>	23d. LOCATION (City, town, or county) <i>Boquon Mo.</i>	(State) <i>Mo.</i>
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24. FUNERAL DIRECTOR <i>Ray Dickerson</i>	ADDRESS <i>Boquon Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>2-5-59</i>	26. REGISTRAR'S SIGNATURE <i>Neba Marshall</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Geo. C. Kealhofer

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, ~~by~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Jack A. Moore*

Licensed Embalmer No. *4729*

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.