

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021768  
STATE FILE NUMBER 2803

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

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY OR TOWN Kansas City Mo Inside Limits Yes  No   
c. FULL NAME OF HOSPITAL OR INSTITUTION 7030 Indiana Length of stay in lb 17 yrs  
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Jackson  
c. CITY OR TOWN Kansas city mo Inside Limits Yes  No   
d. STREET ADDRESS 7030 Indiana Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last Mrs Edna Mae White  
4. DATE OF DEATH Month Day Year June 5 1959

5. SEX Female 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED   
8. DATE OF BIRTH June 4 1920 9. AGE (In years, months and days) 39 F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife at Home 10b. KIND OF BUSINESS OR INDUSTRY Arnes Iowa 11. BIRTHPLACE (City and state or country) Iowa U.S.A. 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME James A Parrett 13b. MOTHER'S MAIDEN NAME Birta opal abner 14. NAME OF HUSBAND OR WIFE Elmo H White

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. 488-24-9101 17. INFORMANT Elmo H White Address 7030 Indiana

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) HYPOSTATIC PNEUMONIA INTERVAL BETWEEN ONSET AND DEATH 48 HRS.  
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) HODGKINS DISEASE 4 YRS.  
DUE TO (c)  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 201X 19. WAS AUTOPSY PERFORMED? YES  NO

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 Month, Day, Year a.m. p.m.

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 1954 to JUNE 5 - 59 and last saw her alive on JUNE 4<sup>th</sup> 59  
Death occurred at 4:15 PM. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. Chas. A. Schwab D.O. 22b. ADDRESS OVERLAND PARK KANS. 22c. DATE SIGNED 6-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6-8-59 23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem 23d. LOCATION (City, town, or county) (State) Kansas City Mo

24. FUNERAL DIRECTOR France Wornall Funeral Home Kcmo ADDRESS 6-8-59 25. DATE RECD. BY LOCAL REG. 6-8-59 26. REGISTRAR'S SIGNATURE Alva Monishoff

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
300  
-57  
MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
All diseases in Part I must be causally related.  
Chas. A. Schwab

**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 *Russell N. France* .....

Licensed Embalmer No. *4255* .....

P. O. Address *K.C. 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.**