OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 25 1959

MENDED

Registration District No. 59 Primary Registration District No. Registrar's No. 181

59-039270
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY CASS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harrisonville
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1305 S. Independence St.
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY CASS
c. CITY OR TOWN Harrisonville
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1305 S Independence St
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: RICHARD Middle: TAYLOR Last: WHITE
4. DATE OF DEATH Month: Nov Day: 20 Year: 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7-3-1894
9. AGE (last birthday) 65
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (City and state or country) Freeman, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Richard White
13b. MOTHER'S MAIDEN NAME Bell Whited
14. NAME OF HUSBAND OR WIFE Hazel White
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 489-22-7305
17. INFORMANT Hazel White Address 1305 S. Indep. Harrisonville, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Occlusion — 1 Hour
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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 a.m. p.m. Month, Day, Year
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 May 1959, to Nov 20 1959 and last saw her/him alive on Nov 20 1959
Death occurred at 3:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE J. C. Woody M.D. (Degree or title)
22b. ADDRESS Harrisonville Mo
22c. DATE SIGNED 11-21-59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-23-1959
23c. NAME OF CEMETERY OR CREMATORY Orient Cemetery
23d. LOCATION (City, town, or county) (State) Harrisonville, Mo.
24. FUNERAL DIRECTOR ADDRESS Atkinson Dickey Harrisonville, Mo.
25. DATE REC'D. BY LOCAL REG. 11-22-59
26. REGISTRAR'S SIGNATURE Mrs Ray Sebree

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

DEC 4 1959

DEC 3 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert W Atkinson

Signature of Student Embalmer

Licensed Embalmer No. 4902

P. O. Address Bloomsburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.

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