RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-001978

FILED VS FEB 4 1960 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 440 STATE FILE NUMBER

IDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Missouri — Length of stay in 1b 30 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 3116 Charlotte — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First LELA Middle Last WHITE

4. DATE OF DEATH Month January Day 23, Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 5-15-07

9. AGE (last birthday) 52 yrs. 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) Homemaker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Plattsburg Missouri

12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Robert Wiser

13b. MOTHER'S MAIDEN NAME Flora Wilhoit

14. NAME OF HUSBAND OR WIFE Ted A White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 499-09-4925

17. INFORMANT Mr. Ted A. White Address 3116 Charlotte Street Kansas City Missouri

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 bronchopneumonia, severe, all lobes, both lungs. — INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
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 Jan 22, 1960, to Jan 23, 1960 and last saw her/him alive on Jan 22, 1960
Death occurred at 1:15 a m m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. S. Hoffman MD

22b. ADDRESS 757 E 63rd St Kcmo

22c. DATE SIGNED 1-23-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 1/26/1960

23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery

23d. LOCATION (City, town, or county) (State) Kansas City Missouri

24. FUNERAL DIRECTOR ADDRESS D.W. Newcomers Sons 1331 Brush Creek Blvd. Kansas City Missouri

25. DATE RECD. BY LOCAL REG. 1-25-60

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF J. S. Hoffman MEDICAL CERTIFICATION DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

✓ or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Albert L Savage

Licensed Embalmer No. 4812

P. O. Address Hanover Cty

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.