

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 15 1960

60-027219

3961

STATE FILE NUMBER

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson	a. STATE Missouri		b. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kansas City	Length of stay in 1b 55 YEARS	c. CITY OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7500 Baltimore Ave.
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First Harry	Middle	Last Whitlock	4. DATE OF DEATH	Month July	Day 28	Year 1960
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-23-77	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Butcher	10b. KIND OF BUSINESS OR INDUSTRY Neuer Bros. Meat Co.	11. BIRTHPLACE (City and state or country) New Albany, Ind.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME William Henry Whitlock	13b. MOTHER'S MAIDEN NAME Martha Ella Stone	14. NAME OF HUSBAND OR WIFE Elsie Hiatt Whitlock
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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. 487-03-2246	17. INFORMANT Future Need Contract	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
(b) Diabetes Mellitus	
(c) Cerebral accident	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from March 15, 1959 and last saw her alive on 7/28/60	Death occurred at 8:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Rueph Casford M.D. (Degree or title)	22b. ADDRESS 11221 Plaza Med. Bldg. K.C. Mo.	22c. DATE SIGNED 7/29/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 1, 1960	23c. NAME OF CEMETERY OR CREMATORY Mount Moriah Cemetery	23d. LOCATION (City, town, or county) Kansas City	23e. STATE Missouri
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24. FUNERAL DIRECTOR D.W. Newcomers Sons Kansas City, MO.	25. DATE RECD. BY LOCAL REG. 8-1-60	26. REGISTRAR'S SIGNATURE H-L. Dwyer, MO
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Ralph Cabi ord

12001

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin D. Preston

Licensed Embalmer No. 5040

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.