# IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-046426

FILED VS DEC 30 1960 149 Registration District No. 1062 Primary Registration District No. 6219 Registrar's No. STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b 5 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4026 EAST 70TH TERRACE — Inside Limits Yes XX 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 XX
d. STREET ADDRESS (If outside, give location) 4026 EAST 70TH TERR — Reside on Farm Yes ☐ No X

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

4. DATE OF DEATH Month DECEMBER Day 10 Year 1960

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed XX Divorced ☐
8. DATE OF BIRTH 10/29/79
9. AGE (last birthday) 81
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) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY -------
11. BIRTHPLACE (City and state or country) BRUNSWICK, MISSOURI
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME GEORGE LEWIS
13b. MOTHER'S MAIDEN NAME LYDIA MEDLIN
14. NAME OF HUSBAND OR WIFE JOHN 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. NONE
17. INFORMANT MRS. BESSIE SMITH Address 4026 EAST 70TH TE KANSAS CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 5 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) Rectal abscess.

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 1935, to 12-10-60 and last saw her/him alive on 12-10-60
Death occurred at 9:10 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Geo. C. Robertson (Degree or title) M.D.
22b. ADDRESS 6622 Rockhill Road
22c. DATE SIGNED 12-10-60

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE DEC. 11, 1960
23c. NAME OF CEMETERY OR CREMATORY —
23d. LOCATION (City, town, or county) BROOKFIELD (State) MISSOURI

24. FUNERAL DIRECTOR D.W.NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG. 12-10-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF — DOCUMENT — MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Edward M. St

Signature of Student Embalmer

Licensed Embalmer No. 445

P. O. Address K.C. 10

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