No. 300
10.48

FILED DEC 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40073

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3900 Registrar's No. 372

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place): 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Laughlin Hosp. and Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kentucky
b. COUNTY: Ohio
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Beaver Dam
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First): Wilma
b. (Middle): Beth
c. (Last): Whalin

4. DATE OF DEATH (Month) (Day) (Year): Dec. 19 1949

5. SEX: F
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 21, 1928
9. AGE (In years last birthday): 21 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Herald E. Nash
13b. MOTHER'S MAIDEN NAME: Goldie Hungate
14. NAME OF HUSBAND OR WIFE: Forest L. Whalin.

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.:
17. INFORMANT'S SIGNATURE OR NAME: Herald E. Nash — **ADDRESS**: Kirksville Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Bilateral renal stones and parirenal abscess — unknown
DUE TO (c) as a complication of extensive burns of both legs — 1-26-48

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 12-6-49
19b. MAJOR FINDINGS OF OPERATION: Parirenal abscess drained and multiple stones removed from kidney (right)
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Beaver Dam, Kentucky
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1 26 48 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: clothing caught fire

22. *I hereby certify that I attended the deceased from* 3-12-48, *19*____, *to* 12-19-49, *19*____, *that I last saw the deceased alive on* 12-19-49, *19*____, *and that death occurred at* 9:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Earl Laughlin M.D. — (Degree or title): D.O.
23b. ADDRESS: Kirksville, Mo.
23c. DATE SIGNED: 12-19-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec-21-49
24c. NAME OF CEMETERY OR CREMATORY: Hopewell Cem.
24d. LOCATION (City, town, or county) (State): Atlanta Mo.

DATE REC'D BY LOCAL REG.: Dec 20-49
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: Robert B. Davis — **ADDRESS**: Kirksville Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 2 8 1949
District Health Officer No. 1
District File Number 12-49-2
Date Filed DEC 2 8 1949

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 .....
Student Embalmer

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, 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 this body is not embalmed, fact should be so stated above.