S. No. 300
Rev. 10.48

FILED DEC 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42049

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4421 Registrar's No. 86

83

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

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parkville Petter
c. LENGTH OF STAY (In this place): 21 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): home

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

3. NAME OF DECEASED (Type or Print): a. (First) Clyde b. (Middle) Ward c. (Last) Whipple

4. DATE OF DEATH (Month) (Day) (Year): Nov. 17. 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 4. 1886
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 9, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fiscal Administrator
10b. KIND OF BUSINESS OR INDUSTRY: American Encyclopedia Co.
11. BIRTHPLACE (State or foreign country): De Cater Co. Kan.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Wm. W. Whipple
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE: Myrtle Smith Whipple

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. C. W. Whipple — ADDRESS: Parkville

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) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4201

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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

22. *I hereby certify that I attended the deceased from* Nov 17, 1949, *to* Nov 17, 1949, *that I last saw the deceased alive on* Nov 17, 1949, *and that death occurred at* 10:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Underwood M.D.
23b. ADDRESS: 1600 Prof. Bldg. Kansas City, Mo.
23c. DATE SIGNED: Nov 21, 1949

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

DATE REC'D BY LOCAL REG.: Nov 21-49
REGISTRAR'S SIGNATURE: Ophia Rollins 257
25. FUNERAL DIRECTOR'S SIGNATURE: Leland H. Francis — ADDRESS: Parkville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-20-49

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, ...
....., Student Embalmer No. .....,
working under my personal supervision.

Student .....
Student Embalmer

Signed Leland H. Francis
Licensed Embalmer No. 3451
P. O. Address Parkville 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.