

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13627

BIRTH NO. 22144-50 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 37

542
0

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY OR TOWN <u>Lewington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lewington Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>P.O. #44 6 miles North Hardin</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Whelchel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 19, 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>April 18, 1950</u>		9. AGE (In years last birthday) <u>0</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
11. BIRTHPLACE (State or foreign country) <u>Lewington Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. IF UNDER 23 Hours <u>23</u> Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>News employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>News employee</u>		11. BIRTHPLACE (State or foreign country) <u>Lewington Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Vernon Whelchel</u>		13b. MOTHER'S MARYDEN NAME <u>Franca H. Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Vernon Whelchel Hardin, Mo</u>			

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2.3 hrs.</u> <u>776X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from April 18, 1950, to April 19, 1950, that I last saw the deceased alive on April 19, 1950, and that death occurred at 7:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. W. Johnson M.D.</u> (Degree or title)		23b. ADDRESS <u>Richmond, Mo.</u>		23c. DATE SIGNED <u>4/20/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 20, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wickory Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Ray County Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>April 24, 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. E. Rusthoven</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. E. Rusthoven</u> ADDRESS <u>Richmond, Missouri</u>	
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RECEIVED APR 27

District Health Officer No. 8

District File Number

Date Filed 4-28-50

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.

Signed *[Signature]*

Licensed Embalmer No. 4066

Signed.....
Student Embalmer

P. O. Address Richmond, Missouri

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.