

FILED MAY 1 • 1950

STANDARD CERTIFICATE OF DEATH

State File No. 13967

BIRTH NO. 20216-50 REG. DIST. NO. 2664 PRIMARY REG. DIST. NO. 5891 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Ozark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gainesville, Bridges TWP. 5hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gainesville Mo 0770	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark Co. Bridges TWP.		d. STREET ADDRESS (If rural, give location) Ozark Co Bridges TWP.	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Lee	c. (Last) Whisnant	4. DATE OF DEATH (Month) (Day) (Year) 4 -- 13-- 1950
--	--------------------	-----------------	--------------------	--

5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married <input checked="" type="radio"/>	8. DATE OF BIRTH 4--13--1950	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0	IF UNDER 2 HRS. Days 0	Hours 5	Min.
--	------------------------	---	------------------------------	-----------------------------------	--------------------------	------------------------	---------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Gainesville, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	-------------------------------------

13a. FATHER'S NAME Hershel Whisnant	13b. MOTHER'S MAIDEN NAME Pauline Naves	14. NAME OF HUSBAND OR WIFE None
-------------------------------------	---	----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mr Hershel Whisnant, Gainesville, Mo	ADDRESS
--	--	--	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia - Strangulation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity DUE TO (c) Premature separation of placenta		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mother 6 1/2 yrs pregnant		7625	

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) m.	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 4-13, 1950, to 4-13, 1950, that I last saw the deceased alive on 4-13, 1950, and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE M. J. Hoerman (Degree or title) DD	23b. ADDRESS Gainesville, Mo	23c. DATE SIGNED 4/20/50
---	------------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <input checked="" type="radio"/>	24b. DATE 4/14/1950	24c. NAME OF CEMETERY OR CREMATORY Sims Cemetery	24d. LOCATION (City, town, or county) (State) Gainesville, Ozark Co. Missouri
---	---------------------	--	---

DATE REC'D BY LOCAL REG. 4-20-50	REGISTRAR'S SIGNATURE William Cogswell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOS 405 1051 Chinkingbeard Funeral Home - 770 Gainesville
----------------------------------	--	---

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

RECEIVED APR 27 1950  
District Health Office No. 6,  
District File Number 450-491  
Date Filed 4-27-58

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 not \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Charles A. Ross \_\_\_\_\_

Licensed Embalmer No. 3044

P. O. Address St. Louis, 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.