S. No. 300
v. 10.48

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

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

303

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 136

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph, Mo.
c. LENGTH OF STAY (In this place) 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph, Missouri
d. STREET ADDRESS (If rural, give location) 2535 S. 13th Street

3. NAME OF DECEASED (Type or Print)
a. (First) Glen
b. (Middle) Edward
c. (Last) Whiteley

4. DATE OF DEATH (Month) (Day) (Year) February 7, 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH Jan. 2, 1926
9. AGE (In years last birthday) 25 — 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) Delivery clerk
10b. KIND OF BUSINESS OR INDUSTRY Dept. Store
11. BIRTHPLACE (State or foreign country) Wathena, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Walter Whiteley
13b. MOTHER'S MAIDEN NAME Anna Caroline Marolf
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 4/30/46 - 5/15/47
16. SOCIAL SECURITY NO. 491-24-8714
17. INFORMANT'S SIGNATURE OR NAME Eva Seward — ADDRESS St. Joseph, 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) Paisan Corban Monoxide Co — INTERVAL BETWEEN ONSET AND DEATH: 30 hours

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

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

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lake Contrary
21c. (CITY, TOWN, OR TOWNSHIP) Buchanan County (COUNTY) (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-4-51 10:00 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Inhaled Automobile Exhaust Fumes

22. *I hereby certify that I attended the deceased from* 2-5-51, 19___, *to* 2-7-51, 19___, *that I last saw the deceased alive on* 2-7-51, 19___, *and that death occurred at* 2:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) R C Senne MD
23b. ADDRESS 207 P & S Bldg St Joseph Mo
23c. DATE SIGNED 2-9-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 2/10/51
24c. NAME OF CEMETERY OR CREMATORY Bellemont Cemetery
24d. LOCATION (City, town, or county) (State) Wathena, Kansas

DATE REC'D BY LOCAL REG. Feb 10, 1951
REGISTRAR'S SIGNATURE Carl C. Castel per E. Allison Deputy
25. FUNERAL DIRECTOR'S SIGNATURE Ruth Sallars — ADDRESS Wathena Kans

(Licensed Embalmer's Statement on Reverse Side)

Dr Lewis
P+S Bills
20.1

FEB 22 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Not embalmed by me, or by .....

working under my personal supervision.

Student Embalmer No. .....

Signed Lill J. Chaney

Signed.....
Student Embalmer

Licensed Embalmer No. 4679

P. O. Address St Joseph, 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.