

FILED DEC 31 1951

STANDARD CERTIFICATE OF DEATH ⁵⁹⁷⁸ State File No. 42553

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. ~~282~~ Registrar's No. 150

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Johnson Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, 918	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION highway #13		d. STREET ADDRESS (If rural, give location) 47 West 74th St. Ter. 1	

3. NAME OF DECEASED (Type or Print)	a. (First) Claud	b. (Middle) J.	c. (Last) Whalen	4. DATE OF DEATH (Month) (Day) (Year)	Dec. 8 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) divorced	8. DATE OF BIRTH Nov. 11, 1911	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blade man	10b. KIND OF BUSINESS OR INDUSTRY construction work	11. BIRTHPLACE (State or foreign country) Sedalia, Mo. 8	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John C. Whalen	13b. MOTHER'S MAIDEN NAME Mary Fisher	14. NAME OF HUSBAND OR WIFE Margarete Whalen
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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. 487-09-3022	17. INFORMANT'S SIGNATURE OR NAME Pat Whalen ADDRESS Chilhowee, Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed skull		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ E 8/10/1		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 26		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #13	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Johnson Twp. Polk Mo.
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21d. TIME (Month) (Day) (Year) (Hour) (Min) OF INJURY Dec. 8, 1951 10:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile accident.
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) Polk County Coroner	23b. ADDRESS Bolivar, Mo.	23c. DATE SIGNED 12-9-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 12-9-51	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. Dec. 9, 1951	REGISTRAR'S SIGNATURE Ralph Gorden	25. FUNERAL DIRECTOR'S SIGNATURE Turpin Funeral Home ADDRESS Bolivar, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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DIVISION OF HEALTH DEPT. MO.
District No. 3 - Springfield

REC'D DFC 21

Dist. File - 1251-3182

Date Filed - 12-28-31

NOV 21 1931

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.