

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22378**
Registrar's No. **32**

BIRTH NO. **FILED JUL 15 1953** REG. DIST. NO. **272** PRIMARY REG. DIST. NO. **2912**

1780

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

1. PLACE OF DEATH a. COUNTY Cemiser		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cemiser	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steele		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steele Rural 0780	
c. LENGTH OF STAY (in this place) 1		d. STREET ADDRESS (If rural, give location) Route	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vernon Hosp			
3. NAME OF DECEASED a. (First) Ford		b. (Middle) Whisman	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 7-1-53	
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 6-14-1914
9. AGE (In years last birthday) 39		10. MONTHS 0	11. DAYS 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) N.C.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME G.L. Whisman	
13b. MOTHER'S MAIDEN NAME Nancy Balk		14. NAME OF HUSBAND OR WIFE Loy Whisman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Malay Whisman		ADDRESS Steele 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uremia		INTERVAL BETWEEN ONSET AND DEATH 17 hrs.	
DUE TO (c) Glomerulonephritis		6 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		several years.	
several years.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 593X	
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 May , 19 53 , to July , 19 53 , that I last saw the deceased alive on July , 19 53 , and that death occurred at 10 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Robert Bartlett D.O.		23b. ADDRESS Steele, Mo.	
23c. DATE SIGNED 6 July 53		24. LOCATION (City, town, or county) (State) Steele Mo	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 7-2-53	
24c. NAME OF CEMETERY OR CREMATORY First Zion		24d. LOCATION (City, town, or county) (State) Steele Mo	
DATE REC'D BY LOCAL REG. 7-10-53		REGISTRAR'S SIGNATURE [Signature] ADDRESS 24900	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Steele Mo	

7-230-53

7-16-68

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *John H. German*

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.