

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31102

State File No.

FILED SEP 21 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>994</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>35 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		d. STREET ADDRESS (If rural, give location) <u>6011 Lookout</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6011 Lookout</u>				d. STREET ADDRESS (If rural, give location) <u>6011 Lookout</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leonard</u>			b. (Middle) _____			c. (Last) <u>Whitlow</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>September 4, 1953</u>									
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>August 14, 1875</u>	9. AGE (In years last birthday) <u>78</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 100 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>yardman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stockyard Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Highland, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Richard Whitlow</u>			13b. MOTHER'S MAIDEN NAME <u>Louise White</u>			14. NAME OF HUSBAND OR WIFE <u>Helen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-07-9841</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Helen Whitlow, 6011 Lookout, St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20 minutes</u>	
				ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Heart Disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				unknown	
				DUE TO (c) <u>Arteriosclerosis</u>				unknown	
				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 <u>4200</u>						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) (Min.)		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 <u>Sept 4</u> , 19 <u>53</u> , to <u>Sept 4</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Sept 4</u> , 19 <u>53</u> , and that death occurred at <u>6:00 a.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Sharon E. Waggoner M.D.</u>			23b. ADDRESS <u>301 Illinois St., Joseph</u>			23c. DATE SIGNED <u>9-7-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/8/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Sept 14, 1953</u>		REGISTRAR'S SIGNATURE <u>Eather M. Allison</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Ray P. Belmont</u>		ADDRESS <u>Bourbon General Home</u>			

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

St. Joseph, Mo.

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. 493

working under my personal supervision.

Student Richard D. Collins
Student Embalmer

Signed

Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 5010th, 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.