

FILED MAR 21 1955

STANDARD CERTIFICATE OF DEATH

7475

State File No. \_\_\_\_\_  
Registrar's No. 58

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton		c. CITY OR TOWN Fulton.	
c. LENGTH OF STAY (In this place) 10 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 511 Jefferson St		e. STREET ADDRESS (If rural, give location) 511 Jefferson St.	

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Curtis c. (Last) Whaley			4. DATE OF DEATH (Month) (Day) (Year) March 13 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 4, 1971		9. AGE (In years last birthday) 83		10. UNDER 1 YEAR 10 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Judge of Callaway Co Court		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Callaway County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles Whaley		13b. MOTHER'S MAIDEN NAME Mary Jane Hundley	
14. NAME OF HUSBAND OR WIFE Mamie Whaley		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> No		16. SOCIAL SECURITY NO. None	

17. INFORMANT'S SIGNATURE OR NAME Forrest Whaley, Jefferson City, 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, asthma, etc. It means the disease, injury, or complication which caused death.	
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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* MEDICAL CERTIFICATION <i>Myocardial Degeneration</i> <i>Cardiac Decompensation</i>		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
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 <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) 4222	
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 \_\_\_\_\_, 1952, to 3-12, 1953, that I last saw the deceased alive on 3-12, 1953, and that death occurred at 3:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John J. Brown M.D.		23b. ADDRESS Fulton, Mo.		23c. DATE SIGNED 3-14-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar-15-1955		24c. NAME OF CEMETERY OR CREMATORY Hillcrest	
24d. LOCATION (City, town, or county) (State) Fulton Mo		24e. NAME OF CEMETERY OR CREMATORY Hillcrest		24f. LOCATION (City, town, or county) (State) Fulton Mo	

DATE REC'D BY LOCAL REG. Mar. 14-1955		REGISTRAR'S SIGNATURE Martha Lawrence		25. FUNERAL DIRECTOR'S SIGNATURE Hallace Funeral Home	
REGISTRAR'S ADDRESS 426		FUNERAL DIRECTOR'S ADDRESS Fulton, Mo		FURNERIAL DIRECTOR'S ADDRESS Fulton, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

1957

APR 16 1957

JUL 5 1955

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. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Denzil C. Browning* .....

Licensed Embalmer No. 27

P. O. Address *Fulton* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.