

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11127**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5134** Registrar's No. **444**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Twp Rural		c. LENGTH OF STAY (in this place) 1 year	c. CITY OR TOWN St. Joseph
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION RR#7, 3801 Powers Drive		No. STREET ADDRESS (If rural, give location) RR#7, 3801 Powers Drive	

3. NAME OF DECEASED (Type or Print) a. (First) Gertrude	b. (Middle)	c. (Last) Whaley	4. DATE OF DEATH (Month) (Day) (Year) April 23, 1955
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 27, 1888	9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months 67 IF UNDER 2 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Otter Tail Co. Minn.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Engelman	13b. MOTHER'S MAIDEN NAME Nancy Dalton	14. NAME OF HUSBAND OR WIFE Jess M. Whaley
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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. none	17. INFORMANT'S SIGNATURE OR NAME J.M. Whaley	ADDRESS RR#7, St. Joseph, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myeloclerosis		
	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. Severe anemia Splenomegaly Hepatomegaly			3 yrs. 3 yrs. 3 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Jan-11-1955**, to **Apr-23-1955**, that I last saw the deceased alive on **Apr-23-1955**, and that death occurred at **1:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE T.L. Howden M.D. (Degree or title)	23b. ADDRESS 620 Francis St. City	23c. DATE SIGNED Apr-25-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/26/1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. May 3, 1955	REGISTRAR'S SIGNATURE Eather M. Allison	485 -	25. FUNERAL DIRECTOR'S SIGNATURE Nestor Bowman	ADDRESS St Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *William Stalder*.....

Licensed Embalmer No. *453*

P. O. Address *345 1st St*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.