

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19165**

FILED JUN 28 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028** Registrar's No. **95**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Jasper</b>	
b. CITY OR TOWN <b>Carthage</b>		c. CITY OR TOWN <b>Sarcoxie</b>	
c. LENGTH OF STAY (in this place) <b>8 mo</b>		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 <b>716 Lincoln</b>		e. STREET ADDRESS (If rural, give location) <b>mo 0440</b>	

3. NAME OF DECEASED a. (First) <b>Herman</b> b. (Middle) <b>C</b> c. (Last) <b>Whaley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6-9-1955</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>8-18-1898</b>	9. AGE (In years last birthday) <b>56</b>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 100 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life. Give if retired) <b>Shoe Repairman</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Afton Okla</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Campbell Whaley</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Peterson</b>		14. NAME OF HUSBAND OR WIFE <b>Linda</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>Ed Whaley</b> ADDRESS <b>Sarcoxie Mo</b>			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</b>				DUE TO (c) <b>Unknown</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>(History indicative of Angina pectoris and chronic condition)</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4-2-01</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 **born deceased about 10 minutes after death - 1st** alive on **10/7**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>204 Grant Village Mo</b>		23c. DATE SIGNED <b>6/12/55</b>	
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24a. BURIAL-CREMATION-REMOVAL (Specify) <b>Buried</b>		24b. DATE <b>6-11-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sarcoxie Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Sarcoxie Mo</b>	
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DATE REC'D BY LOCAL REG. <b>6-11-55</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>Sarcoxie Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed JUN 27 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 Wm K Jackson

Licensed Embalmer No. 39

P. O. Address Sarcas

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.