

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21724**

FILED AUG 8 - 1955

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **132**

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

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington		c. CITY OR TOWN Washington	
c. LENGTH OF STAY (in this place) 18 mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri River		No. STREET ADDRESS (If rural, give location) 504 W. Main St. 03620	

3. NAME OF DECEASED (Type or Print) a. (First) Wyoneda b. (Middle) Whitley c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) July 30 1955
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5. SEX Female	6. COLOR OF RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 4, 1946	9. AGE (In years last birthday) 9 UNDER 1 YEAR: Months 4 Days 26 IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) St. Clair, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Wesley J. Whitley, Sr.	13b. MOTHER'S MAIDEN NAME Mary Hawkins	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Wesley J. Whitley, Sr.	ADDRESS Washington, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) while swimming in		
	DUE TO (c) St. Johns Creek near Missouri River		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Missouri River			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 929842	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) St. Johns Creek	21c. (CITY, TOWN, OR TOWNSHIP) Washington (COUNTY) Franklin (STATE) Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 30 1955 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? While Swimming
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE Ernest R. Ottmann (Degree or title) Coroner	23b. ADDRESS Geard Mo	23c. DATE SIGNED July 31, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 1, 1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery	24d. LOCATION (City, town, or county) (State) St. Clair, Missouri
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DATE REC'D BY LOCAL REG. 8/1/55	REGISTRAR'S SIGNATURE F. P. Schumann	25. FUNERAL DIRECTOR'S SIGNATURE Heber & Witt, Inc.	ADDRESS Washington, Mo.
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(Licensed Embalmer's Statement on Reverse Side) **H. Helix**

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 not embalmed Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lester H. Witt

Licensed Embalmer No... 395

P. O. Address Washington

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.