FILED OCT 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6112 - B

State File No. 31977

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 4485 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Illmo
c. LENGTH OF STAY (in this place): 24 HOURS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1/4 Mi W of R.R. CROSSING.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: INDIANA. b. COUNTY: Don't Know
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairmount
d. STREET ADDRESS (If rural, give location): 8 13 8

3. NAME OF DECEASED (Type or Print)
a. (First): LESLIE b. (Middle): JASPER c. (Last): WHYBREW

4. DATE OF DEATH (Month) (Day) (Year): Sept 8, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Sept. 10, 1886
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Don't Know
10b. KIND OF BUSINESS OR INDUSTRY: Don't Know
11. BIRTHPLACE (State or foreign country): White County, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Don't Know
13b. MOTHER'S MAIDEN NAME: Don't Know
14. NAME OF HUSBAND OR WIFE: Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Don't Know
17. INFORMANT'S SIGNATURE OR NAME: F.B.I Records. ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Amputation both legs at hips and left arm at shoulder. — INTERVAL BETWEEN ONSET AND DEATH: 20 Min.

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. 802X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 35
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Cotton Belt RR yards
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Illmo Scott MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 8 '55 ± 10:10 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Was on RR right of way and was run over by train - (Certificate held for identification by F.B.I.)

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* About 10:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thelma C. Buckthorpe, M.D. Health Officer
23b. ADDRESS: Benton, MO
23c. DATE SIGNED: 9-29-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 12, 1955
24c. NAME OF CEMETERY OR CREMATORY: LIGHTNER
24d. LOCATION (City, town, or county) (State): ILLMO, MISSOURI

DATE REC'D BY LOCAL REG.: 10-7-55
REGISTRAR'S SIGNATURE: Mistral Bispling Loff 445-2
25. FUNERAL DIRECTOR'S SIGNATURE: Bispling-hoff Funeral Home
ADDRESS: Illmo, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 10 1955

DATE RECEIVED

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1055-218

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4470

P. O. Address Illmo, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.