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FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5410

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) DeSoto
c. LENGTH OF STAY (in this place) 3 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 521 So. Second St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Jefferson
c. CITY OR TOWN Rural-Valle
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Rt. 3 - DeSoto

3. NAME OF DECEASED (Type or Print)
a. (First) Mary b. (Middle) Elizabeth c. (Last) Whaley

4. DATE OF DEATH (Month) (Day) (Year) Feb. 8, 1956

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Feb. 12, 1873

9. AGE (In years last birthday) 82 | 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and State or Foreign Country) California

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Day

13b. MOTHER'S MAIDEN NAME Elizabeth Green

14. NAME OF HUSBAND OR WIFE James Whaley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Edith Harper, ADDRESS DeSoto, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis with right hemiplegia. — INTERVAL BETWEEN ONSET AND DEATH: 12 days.

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.* arteriosclerotic heart disease — one year.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 332X

20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 27, 1956 *to* Feb. 8, 1956 *that I last saw the deceased alive on* Feb. 8, 1956, *and that death occurred at* 3:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Thomas A. Donnell (Degree or title) MD.

23b. ADDRESS DeSoto Mo

23c. DATE SIGNED 2-11-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2-11-56

24c. NAME OF CEMETERY OR CREMATORY Primrose

24d. LOCATION (City, town, or county) (State) St. Francois Co., Mo

DATE REC'D BY LOCAL REG. 2-15-56

REGISTRAR'S SIGNATURE Marie Farrier

25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mathershead ADDRESS DeSoto Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 17 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Andrew H. Englar

Licensed Embalmer No. 4

P. O. Address De Soto

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.