

FILED MAY 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13941

State File No. 10-154

BIRTH NO. _____		REG. DIST. NO. <u>183</u>		PRIMARY REG. DIST. NO. <u>4296</u>		Registrar's No. <u>10-154</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Linn</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Browning</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Linn</u>	
c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Browning</u>		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 _____				e. STREET ADDRESS (If rural, give location) <u>0580</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Clora</u>		b. (Middle) <u>V</u>		c. (Last) <u>Whaley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 26 56</u>	
5. SEX <u>fe</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 1, 1889</u>	
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>D. B. Wooch</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Jones</u>	
13a. FATHER'S NAME <u>D. B. Wooch</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Jones</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Drummond L. Whaley</u>		ADDRESS <u>Chicago Ill.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Acute myocarditis</u>			
				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 (Month) (Day) (Year) (Hour) OF INJURY _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>3/20</u> , <u>1956</u> , to <u>4/26</u> , <u>1956</u> , that I last saw the deceased alive on <u>4/26</u> , <u>1956</u> , and that death occurred at <u>4:30 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J R. Mearns M.D.</u>				23b. ADDRESS <u>Browning, Mo</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-29-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jenkins</u>		24d. LOCATION (City, town, or county) (State) <u>Browning, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 2 '56</u>		REGISTRAR'S SIGNATURE <u>Elna Crookshank</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wade Funeral Home</u>		ADDRESS <u>Browning, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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..... *Gerald I. [unclear]*

Licensed Embalmer No. *487*

P. O. Address *Brown*

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.