S. No. 300
v. 10.48

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

FILED APR 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13711

BIRTH NO. _____ REG. DIST. NO. 16 V PRIMARY REG. DIST. NO. 5594 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - MERAMEC
c. LENGTH OF STAY (in this place): 55 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hill Infirmary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: JEFFERSON
c. CITY OR TOWN: EUREKA - R.F.D.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): St. Joseph's Hill Infirmary

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): MASON
c. (Last): (WHALEY)

4. DATE OF DEATH (Month) (Day) (Year): APRIL 5 1957

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: JULY 4 1897

9. AGE (In years last birthday): 59
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): ORDERLY

10b. KIND OF BUSINESS OR INDUSTRY: INFIRMARY

11. BIRTHPLACE (City and State or Foreign Country): NEW YORK STATE

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

13a. FATHER'S NAME: John H. WHALEY

13b. MOTHER'S MAIDEN NAME: JOSEPHINE MASON

14. NAME OF HUSBAND OR WIFE: SINGLE

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

16. SOCIAL SECURITY NO.: 262-26-1578

17. INFORMANT'S SIGNATURE OR NAME: Bro. Roch
ADDRESS: St. Joseph's Hill Inf. EUREKA

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): LIPO-SARCOMA

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ANGINA PECTORES
DUE TO (c): HYPERTENSION

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 197X

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* 2/9/, 1957, *to* 4/5/, 1957, *that I last saw the deceased alive on* 4/5/, 1957, *and that death occurred at* 9:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. L. Marder M.D.

23b. ADDRESS: 4323 ROLAND DR NORMANDY 21

23c. DATE SIGNED: 4/6/57

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

24b. DATE: 4/8/57

24c. NAME OF CEMETERY OR CREMATORY: St. Joseph's Hill Cemetery

24d. LOCATION (City, town, or county) (State): EUREKA Mo.

DATE REC'D BY LOCAL REG.: 4-8-57

REGISTRAR'S SIGNATURE: Robert E. Bauer

25. FUNERAL DIRECTOR'S SIGNATURE: Bommer Fun Home
ADDRESS: House Springs Mo.

(Licensed Embalmer's Statement on Reverse Side)

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED APR 15 1957

APR 18 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John H. Bammer

Licensed Embalmer No. 1470

P. O. Address House Springs

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.