

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 021492
State File No.

FILED JUL 8 1957

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 273

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	c. LENGTH OF STAY (in this place) 6 Mos.	c. CITY OR TOWN Odessa	d. In 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 Independence Sanitarium		e. STREET ADDRESS (If rural, give location) 0540	

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Warren	c. (Last) Whipple	4. DATE OF DEATH (Month) (Day) (Year) June 27, 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 8, 1874	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Pueblo, Colorado	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Chephas Whipple	13b. MOTHER'S MAIDEN NAME Harriette Warren	14. NAME OF HUSBAND OR WIFE Izza S. Whipple
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Chas. W. Whipple, Odessa, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute bronchopneumonia		3 days
	ANTECEDENT CAUSES DUE TO (b) Uremia Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Prostatic hypertrophy with obstruction		months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Sarac	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 610X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6/24, 1957, to 6/27, 1957, that I last saw the deceased alive on 6/27, 1957, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE Verna E. Lusk, M.D.	(Degree or title) M.D.	23b. ADDRESS 10901 Winner Rd Independence, Mo	23c. DATE SIGNED 6/27/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 29, 1957	24c. NAME OF CEMETERY OR CREMATORY Lee Summit Cemetery	24d. LOCATION (City, town, or county) (State) Lee Summit, Mo.
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DATE REC'D BY LOCAL REG. 6-29-57	REGISTRAR'S SIGNATURE Dennis Keays	25. FUNERAL DIRECTOR'S SIGNATURE Husman-Sparks	ADDRESS Odessa, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

54

APR 31 1957

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 *George F. Hansen*.....
Licensed Embalmer No. 754

P. O. Address *Adm. M.*.....

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.