

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31656

STATE FILE NUMBER

FILED OCT 7 1957

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 87

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Iron</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ironton</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Iron</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hosp.</u>		Length of stay in lb <u>1 mo.</u>		c. CITY OR TOWN <u>Arcadia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>PAUL</u>		Middle <u>ALOYISUS</u>		Last <u>WHELEHON</u>		Month <u>Sept.</u> Day <u>29</u> Year <u>1957</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 21 1894</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>conductor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pullman Co.</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Charles Whelehon</u>				14. MOTHER'S MAIDEN NAME <u>Martha Hansbrough</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. Sue Whelehon Howard, Arcadia Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH	
		IMMEDIATE CAUSE (a) <u>Adeno-carcinoma of colon with metastasis (far-advanced, inoperable)</u>				<u>??</u>	
		DUE TO (b) <u>left inguinal hernia (incarcerated)</u>				<u>4 weeks</u>	
		DUE TO (c) <u>hemorrhage done on 9-9-57</u>					
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				19. WAS AUTOPSY PERFORMED? <u>2</u>	
						<u>153x</u>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY		Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u>		a. m. <u> </u> p. m. <u> </u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/>		NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>9-27-57</u> to <u>9-29-57</u> and last saw <u>him</u> alive on <u>9-29-57</u>							
Death occurred at <u>1.45 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>R. E. Farland M.D.</u> (Degree or title)				22b. ADDRESS <u>Ironton, Missouri</u>		22c. DATE SIGNED <u>9-30-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Oct. 1 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Pilot Knob Mo.</u>	
24. FUNERAL DIRECTOR <u>White Funeral Home, Ironton Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>10-1-57</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>	

R. E. Farland

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

OCT 1958

APR 18 1958

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 *Ruel J. White* _____

Licensed Embalmer No. *3012*

P. O. Address *Clinton*

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