THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

743

STATE FILE NUMBER

FILED FEB 3 1958

Registration District No. 98 Primary Registration District No. 5366 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY Daviess
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marion Township Rural — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) At home — Length of stay in lb Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Daviess
c. CITY OR TOWN Gallatin, Mo. R. R. — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Roy Middle Elsey Last Whetstone

4. DATE OF DEATH Month Jan. Day 29, Year 1958

5. SEX M
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 30,1888
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months 5 Days 29 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Pattonsburg, Mo. Daviess Co.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Carson Whetstone
13b. MOTHER'S MAIDEN NAME Elsie Elsey
14. NAME OF HUSBAND OR WIFE Mrs. Anna Elizabeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT Address Mrs.Anna Elizabeth Whetstone, Gallatin, Mo. Whetstone

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Leukemia — INTERVAL BETWEEN ONSET AND DEATH 3yrs.& 4months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2044
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Nov. 16, 1954, to Jan. 28, 1958 and last saw him alive on Jan. 28, 1958
Death occurred at 2:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Fred K Wilson MD
22b. ADDRESS Winston, Missouri
22c. DATE SIGNED 1/29/58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 2-1-58
23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery
23d. LOCATION (City, town, or county) (State) NE/Pattonsburg, Missouri

24. FUNERAL DIRECTOR Louis Quest — ADDRESS Pattonsburg, Mo.
25. DATE RECD. BY LOCAL REG. 31st Jan. 1958
26. REGISTRAR'S SIGNATURE Virginia M Engelhart

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Laurence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron, Mo.

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.