

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010430
STATE FILE NUMBER

FILED APR 8 1958

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 63

300
-57
2

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Jane Chinn Hosp.		Length of stay in lb 7 Hrs.	d. STREET ADDRESS Rt. 3, Joplin		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Jasper Whisner			4. DATE OF DEATH April 2, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 12, 1870	9. AGE (In years last birthday) 87	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) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Jasper Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Samuel Whisner		13b. MOTHER'S MAIDEN NAME Susan Rinmar		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) No		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Raymond Wilson Address Rt. 3, Joplin, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CORONARY OCCLUSION					INTERVAL BETWEEN ONSET AND DEATH 4 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY ARTERIOSCLEROSIS					UNKNOWN
DUE TO (c) BOWEL OBSTRUCTION					4201
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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>4/2/58</u> to <u>4/2/58</u> and last saw her/him alive on <u>4/2/58</u> Death occurred at <u>4:00P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Wm. Wells</i> (Degree or title) D.O.			22b. ADDRESS Webb City, Mo.		22c. DATE SIGNED 4-4-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-6-58	23c. NAME OF CEMETERY OR CREMATORY Harvey Cemetery		23d. LOCATION (City, town, or county) (State) E. of Carthage, Mo.
24. FUNERAL DIRECTOR Johnston-Arnce-Simpson Webb City, Mo.			25. DATE RECD. BY LOCAL REG. 4-4-58	26. REGISTRAR'S SIGNATURE <i>Max Madeline Switzer</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc.: must use only standard nomenclature in Part I. All diseases in Part I must be causally related.

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 Jack C. Simpson
Licensed Embalmer No. 4647
P. O. Address Webb City

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.