

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010462
STATE FILE NUMBER

FILED APR 4 1958

Registration District No. 160 Primary Registration District No. 559V Registrar's No. 50

300
-57

600

1. PLACE OF DEATH a. COUNTY JEFFERSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFF.		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL JOACHIM		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN FESTUS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFF. MEM. HOSP.		Length of stay in 1b	d. STREET ADDRESS R#2		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) JAMES M. WHITEHEAD			4. DATE OF DEATH 3-15-58		
5. SEX MALE		6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH 6-5-1936
9. AGE (In years last birthday) 21		10. FUNDING YEAR Months Days Hours Min.		11. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEAMSTER		10b. KIND OF BUSINESS OR TRUCKING		11. BIRTHPLACE (City and state or country) CRYSTAL CITY, MO.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME J. ALLEN WHITEHEAD		13b. MOTHER'S MAIDEN NAME ESTHER MD DONALD	
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)		16. SOCIAL SECURITY NO.	
17. INFORMANT J. ALLEN WHITEHEAD		Address FESTUS, MO. R#2		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Fractures.	
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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" 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.) Auto Accident.			
20c. TIME OF INJURY Hour 1:30 a.m. 3/15/58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway			
20e. CITY, TOWN, OR LOCATION Crystal City		COUNTY JEFF		STATE MO.	
21. I attended the deceased from Death occurred at 1:30 P.M.		and last saw her/him alive on _____			
22a. SIGNATURE <i>Samuel E. Polite D.C. - Crown</i>		22b. ADDRESS <i>Marion Alley Festus Mo</i>		22c. DATE SIGNED 3/19/58	
23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-18-58		23c. NAME OF CEMETERY OR CREMATORY ZION METHODIST	
23d. LOCATION (City, town, or county) MAPAVILLE, MO.		24. FUNERAL DIRECTOR GENTRY R. POLITTE		25. DATE RECD. BY LOCAL REG. 3-19-58	
ADDRESS CRYSTAL CITY, MO.		26. REGISTRAR'S SIGNATURE <i>James H. Taylor</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 25 1958

APR 7 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 George R. Pollock

Licensed Embalmer No. 348
P. O. Address Central

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.