

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029722

STATE FILE NUMBER

Registration District No. 227 Primary Registration District No. 5805 Registrar's No. 51

FILED SEP 15 1958

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN JEFFERSON TOWNSHIP
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STOUTSVILLE, MO.		Length of stay in 1b 15 yrs	d. STREET ADDRESS (If outside, give local address) STOUTSVILLE, MO.
3. NAME OF DECEASED (Type or print) First MARY Middle Last WHELAN			4. DATE OF DEATH Month SEPTEMBER Day 5th Year 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 3rd 1881
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	11. BIRTHPLACE (City and state or country) MARION COUNTY MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME THOMAS RILEY	13b. MOTHER'S MAIDEN NAME ROSE RILEY
14. NAME OF HUSBAND OR WIFE JAMES F WHELAN		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. NONE
17. MEDICAMENT <i>Thomas W. Whelan</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of st. lung	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH A.R.	
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.) 163X		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT <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 2-21-1947 to Sept. 5-1958 and last saw her alive on Aug. 31-1958 Death occurred at 2p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. A. Barnett M.D.		22b. ADDRESS Paris, Missouri	22c. DATE SIGNED 9-8-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE SEPT. 8, 1958	23c. NAME OF CEMETERY OR CREMATORY St Andrews CEMETERY	23d. LOCATION (City, town, or county) (State) STOUTSVILLE MISSOURI
24. FUNERAL DIRECTOR Wilson & Sons		ADDRESS MONROE CITY, MO.	25. DATE RECD. BY LOCAL REG. 9-8-58
26. REGISTRAR'S SIGNATURE J. A. Barnett M.D.			

S. 300
7-1-57
0690

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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SEP 25 1954

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Lester L. Wilson.....

Licensed Embalmer No. 3014.....
P. O. Address Monroe 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.