

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033653
State File No.

FILED SEP 29 1958

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 4380 Registrar's No. 206

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural Hopkins Twp.		c. CITY OR TOWN Hopkins	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 years		e. STREET ADDRESS (If rural, give location) Rural Hopkins, Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print) Cora Belle Whaley		4. DATE OF DEATH (Month) (Day) (Year) Sept. 18, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 16, 1881
9. AGE (In years last birthday) 77		10. AGE (In years last birthday) IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. EMPLOYMENT (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Mohawk, Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William New		13b. MOTHER'S MAIDEN NAME Mary Regina Dillon		14. NAME OF HUSBAND OR WIFE Sherman	
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. INFORMANT'S SIGNATURE OR NAME Roy Whaley, Hopkins, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Rheumatoid Arthritis		
	DUE TO (c) 15 yrs		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7220		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 7220 Hopkins, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1/1, 1950, to 9/18, 1958 that I last saw the deceased alive on 9/18, 1958, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]		23b. ADDRESS Hopkins Mo		23c. DATE SIGNED 9/20/58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-20-58		24c. NAME OF CEMETERY OR CREMATORY Hopkins,	
				24d. LOCATION (City, town, or county) (State) Hopkins, Mo.	

DATE REC'D BY LOCAL REG. 9-24-58		REGISTRAR'S SIGNATURE Bess Halt		25. FUNERAL DIRECTOR'S SIGNATURE Stanley Swanson	
				ADDRESS Hopkins, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Student.....
Signature of Student Embalmer

Signed Stanley Swanson

Licensed Embalmer No. 3963

P. O. Address Hopkins, 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.