

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033815

STATE FILE NUMBER

FILED OCT 10 1958

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 149

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Waynesville Missouri</b>			c. CITY OR TOWN <b>Crocker, Mo.</b>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Waynesville Gen.</b>			d. STREET ADDRESS (If outside, give location) <b>Star # Rt.</b>		
Length of stay in 1b <b>3 wks.</b>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>L.</b> Last <b>Whittle.</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>3</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 4, 1904</b>	9. AGE (In years last birthday) <b>54</b>	10. FUNDER 1 YEAR Months <b>54</b> Days <b>54</b> Hours <b>54</b> Min. <b>54</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer.</b>		11. BIRTHPLACE (City and state or country) <b>Iberia, Missouri.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Henry V. Whittle.</b>			
13b. MOTHER'S MAIDEN NAME <b>Fannie Jane Pennington.</b>		14. NAME OF HUSBAND OR WIFE <b>Berchie Mae. Whittle.</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>327-03-3431</b>		17. INFORMANT Address <b>Mrs. Berchie Mae Whittle Crocker, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cirrhosis of liver</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <b>5810</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <b>1 YRS.</b>
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.) <b>✓</b>		
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.) <b>✓</b>			20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____		
21. I attended the deceased from <b>AUG 1, 1958</b> to <b>OCT 3, 1958</b> and last saw him alive on <b>OCT 3, 1958</b> Death occurred at <b>OCT 3, 1958</b> at <b>8 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Doctor or title) <b>John A. Michalevich D.O.</b>			22b. ADDRESS <b>Crocker, Mo.</b>		
22c. DATE SIGNED <b>10-3-58</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10/5/58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Crocker Memorial Cemet.</b>	
23d. LOCATION (City, town, or county) <b>Crocker, Missouri</b>		23e. (State) <b>Missouri</b>			
24. FUNERAL DIRECTOR <b>Hedges Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>10-3-58</b>		26. REGISTRAR'S SIGNATURE <b>Paula Grace Anderson</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

OCT 14 1958

OCT 22 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 Clarence Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.C.

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.