Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035831
STATE FILE NUMBER

FILED NOV 14 1958 Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 156

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Liberty — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 200F Hosp. — Length of stay in 1b 9 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN 6000 Liberty — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 200F Home — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MINA Middle Last WHITNEY

4. DATE OF DEATH Month Day Year Nov 4 - 58

5. SEX F
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH July 3-1870
9. AGE (In years last birthday) 88 — 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) House wife
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (City and state or country) Muscatine Ia.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank Quimby
13b. MOTHER'S MAIDEN NAME Susan Winn
14. NAME OF HUSBAND OR WIFE unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Address 200F Home Records - Liberty Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
~~DUE TO (b)~~ Had incisional Hernia large for 10 yrs
~~DUE TO (c)~~ Fracture of femur 1949 (healed)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4500

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1949, to and last saw her alive on Nov 4
Death occurred at 9:35 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm H Goodson MD
22b. ADDRESS Liberty Mo
22c. DATE SIGNED 11/5/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 7-58
23c. NAME OF CEMETERY OR CREMATORY Oddfellow
23d. LOCATION (City, town, or county) (State) Liberty Mo.

24. FUNERAL DIRECTOR Church Archer — ADDRESS Liberty Mo.
25. DATE RECD. BY LOCAL REG. 11-5-1958
26. REGISTRAR'S SIGNATURE Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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RECEIVED
NOV 12
CLAY C
HEALTH C

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 ..... Signed Harold G. Smith
Signature of Student Embalmer

Licensed Embalmer No. 4575
P. O. Address Liberty, 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.