Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043912
STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 770382 Primary Registration District No. 4230 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY OR TOWN Armstrong — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Central St. — Length of stay in Hospital 5 minutes

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Howard
c. CITY OR TOWN Armstrong 0450 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First EDGAR Middle J. Last WHITTENBURG

4. DATE OF DEATH Month Nov. Day 21, Year 1958

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH Jan. 11, 1875
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months 10 Days 10 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farm Owner
11. BIRTHPLACE (City and state or country) Randolph Co. Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Charles Whittenburg
13b. MOTHER'S MAIDEN NAME Louisa Mobley
14. NAME OF HUSBAND OR WIFE Pearl Feland

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. -
17. INFORMANT William J. Whittenburg Address Macon, 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) (1) Compound Fracture of Pelvis — INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) (2) Comp. Fracture of both Legs.
(3) Internal Hemorrhage
DUE TO (c) Auto struck pedestrian
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 [ ] NO [ ] 0

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Was Struck by Automobile.
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year Nov 21 1958 0450
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
20f. CITY, TOWN, OR LOCATION Armstrong COUNTY Howard STATE Mo

21. I attended the deceased from 11-21-58 to 11-21-58 and last saw him alive on Dead 11-21-58
Death occurred at 4 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W A Bloom (Degree or title) M. D. Coroner 3
22b. ADDRESS Fayette Mo
22c. DATE SIGNED 11-21-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/24/58
23c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery
23d. LOCATION (City, town, or county) Fayette, (State) Missouri

24. FUNERAL DIRECTOR Ralph A Carr ADDRESS Fayette, Mo
25. DATE RECD. BY LOCAL REG. Dec. 22, 1958
26. REGISTRAR'S SIGNATURE Walker Ousley

(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.

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 Donald L. Roberts

Licensed Embalmer No. 4722

P. O. Address Fayette 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.