

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018109

STATE FILE NUMBER

FILED JUN 10 1959 Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grandview		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Grandview
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1923 Hi Grove		Length of stay in lb 3 Yrs	d. STREET ADDRESS (If outside, give location) 1923 Hi Grove Rd.
3. NAME OF DECEASED (Type or print) First Middle Last MARTHA E. WHIPPO			4. DATE OF DEATH Month Day Year June 2- 59
5. SEX Fe	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-4-1875
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Waterloo Iowa
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Richardson	13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Harry Carl Whippo		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 Robert Whippo		Address Grandview Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Insanitation and dehydration DUE TO (c) cerebral arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 10 DAYS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334X			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.)		
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 5-25-59 to 6-2-59 and last saw ^{her} alive on 6-2-59 Death occurred at 11:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Raymond J. Coffey, MD (Degree of title)		22b. ADDRESS Grandview, Mo.	22c. DATE SIGNED 6-2-59
23a. BURIAL CREMATION, REMOVAL (Specify) Removal	23b. DATE June 4, 59	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Chicago Ill	23d. LOCATION (City, town, or county) (State) Chicago Illinois
24. FUNERAL DIRECTOR E.K. George & Sons Inc. Missouri		25. DATE RECD. BY LOCAL REG. 6-3-59	26. REGISTRAR'S SIGNATURE Herbert J. Goddard

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Beltway, Md

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.