RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-020507

STATE FILE NUMBER

JUN 30 1959

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 659

IDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b 33 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mo. Meth. Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2629 Mulberry St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Elmer Middle Baughn Last Whitcomb
4. DATE OF DEATH Month June Day 21, Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/28/1890
9. AGE (last birthday) 68 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister Emeritus
10b. KIND OF BUSINESS OR INDUSTRY Presbyterian-Westminster Church
11. BIRTHPLACE (City and state or country) Rushville, Indiana
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Willard Patrick Whitcomb
13b. MOTHER'S MAIDEN NAME Emma Alice Clarkson
14. NAME OF HUSBAND OR WIFE Alma Thom Whitcomb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW#1.
16. SOCIAL SECURITY NO. 494-40-8769
17. INFORMANT Address Mrs. Alma Thom Whitcomb

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebrovasc accident — INTERVAL BETWEEN ONSET AND DEATH 10 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
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 Apr 1, 1959, to June 21, 1959 and last saw him alive on June 21, 1959
Death occurred at 10:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G.T. Carpenter MD
22b. ADDRESS 902 Edmond
22c. DATE SIGNED 6/23/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 24, 1959
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.

24. FUNERAL DIRECTOR Aneuchoffer-Fleeman Inc. ADDRESS St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG. June 25, 1959
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

G.T. Carpenter MD

JUL 8 1959

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 467

P. O. Address St. Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.