

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028907

FILED VS SEP 8 1959

Registration District No. 147 Primary Registration District No. 9336 Registrar's No. 47

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Howell</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mtn.View</u>		Length of stay in 1b <u>18 Dys.</u>		c. CITY OR TOWN <u>Willow Springs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>304 E. Thrid</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Simon</u> Middle <u>Albert</u> Last <u>WHYSONG</u>				4. DATE OF DEATH Month <u>Aug.</u> Day <u>24</u> Year <u>1959</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>12/6/83</u>		9. AGE (last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>18</u> Hours <u></u> Min. <u></u>		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Presbyterian Minister</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and state or country) <u>Pavia, Penn</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>J.D. Whysong</u>				13b. MOTHER'S MAIDEN NAME <u>Susannah Feather</u>				14. NAME OF HUSBAND OR WIFE <u>Anna Weller Whysong</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Mrs. Anna Whysong, Willow Spgs. Mo</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u>										INTERVAL BETWEEN ONSET AND DEATH <u>subm</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>										<u>subm</u>			
DUE TO (c) <u>Diabetes mellitus</u>										<u>subm</u>			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 <u></u> Month, Day, Year <u></u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>8-23-59</u> to <u>8-24-59</u> and last saw him alive on <u>8-23-59</u> Death occurred at <u>8/24/59</u> <u>3:05 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Dr. J. J. [Signature]</u> (Degree or title) <u>M.D.</u>						22b. ADDRESS <u>Mtn. View, Mo.</u>			22c. DATE SIGNED				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8/27/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Willow Springs, Mo.</u>						
24. FUNERAL DIRECTOR <u>Burns, Willow Springs, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>9-2-59</u>		26. REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*Fred W. Barnes*  
Signed Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Spring

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.