IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 29 1959

59-031750
STATE FILE NUMBER

NDED

Registration District No. 61 Primary Registration District No. 5236 Registrar's No. 40

DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Box
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: RT 3
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: Cedar
c. CITY OR TOWN: El Dorado Springs
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route 3
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Henry Middle: Carl Last: Whitney
4. DATE OF DEATH: Month: Sept. Day: 19 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-24-1895
9. AGE (last birthday): 64
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): Upholsterer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Liberty, Kans.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Whitney
13b. MOTHER'S MAIDEN NAME: Melissa Jane Howard
14. NAME OF HUSBAND OR WIFE: Dietha Whitney
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.: 505-07-4051
17. INFORMANT: H Dietha Whitney
Address: El Dorado Sprs., 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): Myocardial failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Mitral stenosis
DUE TO (c): Rheumatic heart disease
INTERVAL BETWEEN ONSET AND DEATH:
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 1957, to 9-18-59 and last saw ~~her~~ him alive on 9-18-59
Death occurred at 1:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert L. Magee M.D. (Degree or title)
Robert L. Magee, M. D.
22b. ADDRESS: 111 West Spring Street, El Dorado Springs, Missouri
22c. DATE SIGNED: 9-21-59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-21-1959
23c. NAME OF CEMETERY OR CREMATORY: Clintonville Cemetery
23d. LOCATION (City, town, or county) (State): Cedar Co., Missouri
24. FUNERAL DIRECTOR: Gwinn-Carothers
ADDRESS: El Dorado Sprs. Mo.
25. DATE RECD. BY LOCAL REG.: Sept 21-59
26. REGISTRAR'S SIGNATURE: George W Hafner

(Licensed Embalmer's Statement on Reverse Side)

VS OCT 2 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 Floyd E. Carathers

Licensed Embalmer No. 4419

P. O. Address El Dorado Spr

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