

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037319

FILED VS NOV 6 1959

Registration District No. 314 Primary Registration District No. 6067 Registrar's No. 50

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>St Clair</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St Clair</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>rural Speedwell</u>		Length of stay in 1b <u>years</u>		c. CITY OR TOWN <u>El Dorado Spres</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 mi N. of Tiffin</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R 4</u>	
3. NAME OF DECEASED (Type or print) First <u>Anna Ethel</u> Middle <u>Whitley</u> Last <u>Whitley</u>				4. DATE OF DEATH <u>Oct 12 - 1959</u> Month <u>Oct</u> Day <u>12</u> Year <u>1959</u>			
5. SEX <u>FE</u>	6. COLOR OR RACE <u>W</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>2/15/1905</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>St Clair Co MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>James McKinley</u>		13b. MOTHER'S MAIDEN NAME <u>Ivy Suggs</u>		14. NAME OF HUSBAND OR WIFE <u>John Whitley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u>John Whitley - El Dorado Spres</u> Address <u></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>Coronary occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart</u>						<u>CHF</u>	
DUE TO (c) <u>disease</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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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> a.m. <u></u> Month, Day, Year <u></u>							
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 <u>Oct 1 - 1959</u> to <u>Oct 12 - 1959</u> and last saw her alive on <u>Oct 9 - 59</u> Death occurred at <u>7:20 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Robert H Brownsberger MD</u>				22b. ADDRESS <u>Appleton City MO</u>		22c. DATE SIGNED <u>10-15-59</u>	
23b. DATE <u>10-17-59</u>		23c. NAME OF CEMETERY OR CREMATOR <u>El Dorado Spres</u>		23d. LOCATION (City, town, or county) <u>" MO</u>		(State)	
24. FUNERAL DIRECTOR <u>Samuel Stone</u>		ADDRESS <u>xxxxxx MO</u>		25. DATE RECD. BY LOCAL REG. <u>10-17-59</u>		26. REGISTRAR'S SIGNATURE <u>Paul S. Seavers</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

Signed J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola, Wis.

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.