

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 5 1 2 3

FILED VS. DEC 23 1959 301

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **76**

1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Ripley	
b. CITY (If outside corporate limits, give TOWNSHIP only) Doniphan		c. CITY OR TOWN DONIPHAN	
Length of stay in lb 2 weeks		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION East Cleveland St.		d. STREET ADDRESS (If outside, give location) E. Cleveland St.	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Lloyd Middle James Last Whiteside			4. DATE OF DEATH Month Dec. Day 7 Year 1959		
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept 23, 1896	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Livestock		11. BIRTHPLACE (City and state or country) Gentry, ARK.	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME John Whiteside		13b. MOTHER'S MAIDEN NAME MARY JANE FOX		14. NAME OF HUSBAND OR WIFE Gladys Whiteside	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address Gladys Whiteside Doniphan Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 1 hour 3 year
IMMEDIATE CAUSE (a) Myocardial Infarct			
DUE TO (b) Arteriosclerotic heart disease			
DUE TO (c) _____			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			

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	
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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 _____ a.m. _____ p.m.	Month, Day, Year _____		
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 **June 1954** to **Dec 7, 1959** and last saw ^{her}him alive on **Dec 5, 1959**
Death occurred at **10:30 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank Johnson MD		22b. ADDRESS Doniphan Mo		22c. DATE SIGNED 12/11/59
23a. BURIAL (CREMATION, REMOVAL) (Specify) BURIAL	23b. DATE Dec. 10, 1959	23c. NAME OF CEMETERY OR CREMATORY Doniphan Cemetery		23d. LOCATION (City, town, or county) (State) Doniphan, Missouri

24. FUNERAL DIRECTOR Edwards Funeral Home	ADDRESS Doniphan, Mo.	25. DATE RECD. BY LOCAL REG. 12-19-59	26. REGISTRAR'S SIGNATURE Flava Broz
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 13 1960

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

Gene H. Parent

Licensed Embalmer No. 4809

P. O. Address Naylor, T

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.