

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005100

FILED VS. MAR 8 1960 032

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Bollinger				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bollinger			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Near Glen Allen			Length of stay in 1b 15 Yrs.		c. CITY OR TOWN Glen Allen		Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home			Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location) 1 mi. west Glen Allen		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Daniel Middle Whitener Last Whitener				4. DATE OF DEATH Month Feb. Day 27 Year 1960			
5. SEX M	6. COLOR OR RACE W	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 12/9/83	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and state or country) Marquand, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Benjamin F. Whitener			13b. MOTHER'S MAIDEN NAME Nancy Jane Watts		14. NAME OF HUSBAND OR WIFE Elizabeth K. Burk		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 497-03-0993		17. INFORMANT Elizabeth K. Whitener Address Near Allen			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic H+ Disease							INTERVAL BETWEEN ONSET AND DEATH 6 Mo.
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) (Possible) Carcinoma, Lung					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 8/28/59 to 4/27/60 and last saw him alive on 7/25/60 Death occurred at 10:45pm on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Harold R. Ludwig M.D.				22b. ADDRESS Cape Girardeau, Mo		22c. DATE SIGNED 3/1/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/2/60	23c. NAME OF CEMETERY OR CREMATORY Whitener Cemetery		23d. LOCATION (City, town, or county) (State) Near Marquand, Mo.			
24. FUNERAL DIRECTOR Vene Ward		ADDRESS Interville, Mo		25. DATE RECD. BY LOCAL REG. 3/3/60		26. REGISTRAR'S SIGNATURE Mr. Buford Crader	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 8 8961

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 Hennett Liley

Licensed Embalmer No. 5086

P. O. Address Luttrell

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.