

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 2 1960

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=60-016067

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 55

UNRECORDED

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| 1. PLACE OF DEATH a. COUNTY <u>Linn</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Bucklin</u> | | Length of stay in 1b <u>5 years</u> | c. CITY OR TOWN <u>Bucklin</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 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>Redman</u> Last <u>Whisenand</u> | | | 4. DATE OF DEATH Month <u>April</u> Day <u>21</u> Year <u>1960</u> | | |
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| 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>5/13/1874</u> | 9. AGE (last birthday) <u>85</u> | IF UNDER 1 YEAR Months <u>11</u> Days <u>8</u> | IF UNDER 24 HR Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u> | 11. BIRTHPLACE (City and state or country) <u>Macon County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Isaac Whisenand</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Bowyer</u> | 14. NAME OF HUSBAND OR WIFE <u>Elnora Whisenand</u> |
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| 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. Lydia Puntton, Kansas City, Mo.</u> |
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| 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 <u>5 mths</u> |
| IMMEDIATE CAUSE (a) <u>Chronic myocarditis</u> | | |
| DUE TO (b) <u>arteriosclerosis</u> | | |
| DUE TO (c) <u>Senility</u> | | |

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| 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 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.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ |
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| 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 _____ |
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21. I attended the deceased from 3-11-60, to 4-21-60 and last saw him alive on 4-21-60
Death occurred at 7:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>B. G. Chelness D.O.</u> | 22b. ADDRESS <u>Bucklin Mo</u> | 22c. DATE SIGNED <u>4-22-60</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Apr. 23, 1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Union Chapel Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Macon County, Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>Larson Funeral Service, Bucklin, Mo.</u> | ADDRESS _____ | 25. DATE RECD. BY LOCAL REG. <u>4-25, 1960</u> | 26. REGISTRAR'S SIGNATURE <u>Katharine Johnson Dep</u> |
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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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, Missouri

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.