

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 29 1960

042

Primary Registration District No.

1000

Registrar's No.

883

-60-029754

STATE FILE NUMBER

ND

DOCUMENT

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 50 years		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 2902 Penn St.		Inside Limits Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) HELEN		First M. Middle WHITLOW Last		4. DATE OF DEATH August 20, 1960		Month Day Year		
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/10/1876	9. AGE (last birthday) 84	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HR Days 0	12. Hours 0	13. Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Fanning, Kansas		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME William Gurwell		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Leonard				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT Mrs. Merritt Blanchard, 2706 S.E. Trail		Address St. Joseph, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Cerebro-vascular accident				INTERVAL BETWEEN ONSET AND DEATH 12 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arteriosclerosis				years		
DUE TO (c)								
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				
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.)						
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 8-18-60		COUNTY 8-20-60		STATE 8-19-60		
21. I attended the deceased from Death occurred at		8-18-60 to 8-20-60		and last saw her alive on		8-19-60		
on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Allen Berman M.D.		(Degree or title)		22b. ADDRESS 706 Francis St. Joseph, Mo.		22c. DATE SIGNED 8-23-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8/23/1960		23c. NAME OF CEMETERY OR CREMATORIAL Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph Mo.		
24. FUNERAL DIRECTOR Hector Bowman, St. Joseph, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. Aug 25, 1960		26. REGISTRAR'S SIGNATURE Mr. Clark Gaskell		

(Licensed Embalmer's Statement on Reverse Side)

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

Eugene Wozniak

Licensed Embalmer No. 3804

P. O. Address 311 So 19th St

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