RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED VS SEP 12 1960

IDED

Registration District No. 62 Primary Registration District No. 5239 Registrar's No.

=60-029917
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Cedar
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Linn Twp.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 Miles West
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cedar
c. CITY OR TOWN Stockton
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 7 Miles West
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First ALBERT Middle BENJAMIN Last WHISTANCE
4. DATE OF DEATH Month Sept. Day 2, Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/1/1889
9. AGE (last birthday) 71
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR 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 Farm Owner
11. BIRTHPLACE (City and state or country) Stockton, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME William Whistance
13b. MOTHER'S MAIDEN NAME Mary Brim
14. NAME OF HUSBAND OR WIFE Eula Whistance
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 491-05-2011
17. INFORMANT Address Mrs. Eula Whistance, Stockton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH min.
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)
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 _____, to _____ and last saw her/him alive on 9.2.60
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm. B. Richter M.D.
22b. ADDRESS S Stockton Mo.
22c. DATE SIGNED 9.3.60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/2/1960
23c. NAME OF CEMETERY OR CREMATORY Cedar Bluff Cemetery
23d. LOCATION (City, town, or county) (State) Cedar County, Mo.

24. FUNERAL DIRECTOR ADDRESS Cantlon Funeral Home, Stockton, Mo.
25. DATE RECD. BY LOCAL REG. 9-3-60
26. REGISTRAR'S SIGNATURE Mrs Geneva Cantlon

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

OCT 16 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John A. Cantlon

Licensed Embalmer No. 438

P. O. Address Stockton

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