

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037307

FILED VS OCT 17 1960

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 700

| | | | | | | | | | | | |
|---|--|--|---|--|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Adair County</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville, Mo</u> Length of stay in lb. <u>3 1/2 months</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Nursing Home</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Truesher</u> c. CITY OR TOWN <u>Linnerville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>---</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANK WILLIAM WHAN</u> | | | | 4. DATE OF DEATH Month Day Year <u>October 6, 1960</u> | | | | | | | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Nov. 14, 1872</u> | | 9. AGE (last birthday) <u>87</u> | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Driver Elevator</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Elevator</u> | | | 11. BIRTHPLACE (City and state or country) <u>Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>James Whan</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Gynthia Jullis</u> | | | | 14. NAME OF HUSBAND OR WIFE <u>Mary Eltha Jane Whan</u> | | | |
| 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>498-34-2653</u> | | 17. INFORMANT Address <u>Wilbert Whan, Linnerville, Iowa</u> | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>medullary Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>coronary thrombosis</u> DUE TO (c) <u>arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>cytitis</u> 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 | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2-3 mi</u> <u>3-3 days</u> <u>prolonged</u> | |
| 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 <u>July 13, 1960</u> to <u>Oct. 6, 1960</u> and last saw him alive on <u>Oct. 6, 1960</u> Death occurred at <u>7:55 am</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>D. Maddox, D.O.</u> | | | | | | 22b. ADDRESS <u>Kirksville (Mo) Linnerville</u> | | 22c. DATE SIGNED <u>10-6-60</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>10-8-1960</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Emergreen Cem - Linnerville, Iowa</u> | | 23d. LOCATION (City, town or county) (State) <u>Linnerville, Iowa</u> | | | | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Shenille F. D. Linnerville, Iowa</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>10-6-1960</u> | | 26. REGISTRAR'S SIGNATURE <u>Doris W. Rattiff</u> | | | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 82 100

D. E. Maddox, D. O.

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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirkville, Mo.

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.