

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038236
STATE FILE NUMBER

FILED VS
INDEXED

OCT 24 1960
Registration District No. 144 Primary Registration District No. 1234 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY Iron			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		Length of stay in 1b Tr.	c. CITY OR TOWN Arcadia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) General delivery		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) KATHRYN A. WHELEHON			4. DATE OF DEATH Month Oct. Day 6 Year 1960		
5. SEX fem	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 5-3-1897	9. AGE (last birthday) 63	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) at home		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Ironton, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME President Whitworth		13b. MOTHER'S MAIDEN NAME Kathryn Green		14. NAME OF HUSBAND OR WIFE Paul A. Whelehon	
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. no	17. INFORMANT Address Mrs. Sue Howard, Arcadia 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) acute cardiac failure					INTERVAL BETWEEN ONSET AND DEATH 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) far advanced myocarditis ??
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic arthritis				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 11:53 a.m. p.m.	Month, Day, Year 1-2-60				
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 Ironton, Missouri		COUNTY	STATE
21. I attended the deceased from 1-2-60 to 10-6-60 and last saw her ^{3:30} alive on 10-6-60 Death occurred at 11:53 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (In blue or black ink) R. E. Farland, M.D.			22b. ADDRESS Ironton, Missouri		22c. DATE SIGNED 10-10-60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	23d. LOCATION (City, town, or county) Pilot Knob Mo. (State)		
24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo.		25. DATE RECD. BY LOCAL REG. 10-10-60	26. REGISTRAR'S SIGNATURE Mrs. Aris Jones		

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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Amel J. White

Licensed Embalmer No. 3012

P. O. Address Amidon Ave

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.