

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041169

FILED VS DEC 5 1960 042

Registration District No. _____ Primary Registration District No. 1000

Registrar's No. 1212

STATE FILE NUMBER

INDEXED

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| 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 Life | 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 1105 North 22nd. St. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1105 North 22nd. St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First MATILDA Middle M. Last WHITLOW | 4. DATE OF DEATH Month Nov. Day 23 Year 1960 |
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|----------------------|-------------------------------|---|-----------------------------------|----------------------------------|--|--|
| 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 9-21-1872 | 9. AGE (last birthday) 88 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
|----------------------|-------------------------------|---|-----------------------------------|----------------------------------|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) St. Joseph, Missouri | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Alois Wank | 13b. MOTHER'S MAIDEN NAME Eva Englerth | 14. NAME OF HUSBAND OR WIFE William L. Whitlow |
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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) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Mrs. Anna Biechler Address St. Joseph, Missouri |
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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: IMMEDIATE CAUSE (a) Coronary atherosclerosis heart disease | | INTERVAL BETWEEN ONSET AND DEATH Weeks |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) _____ | |
| | DUE TO (c) _____ | |

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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) Osteoarthritis cerebral atherosclerosis | 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 St. Joseph COUNTY _____ STATE _____ |
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21. I attended the deceased from **9:55** to **11-23-60** and last saw her **him** alive on **11-22-60**
Death occurred at **6:00 A.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) William H. Ames, M.D. | 22b. ADDRESS 902 Edwards St | 22c. DATE SIGNED 11-26-60 |
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|--|------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11-25-60 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | 23d. LOCATION (City, town, or county) (State) St. Joseph Missouri |
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| 24. FUNERAL DIRECTOR H.O. Kidenfater & Son ADDRESS St. Joseph, Mo. | 25. DATE RECD. BY LOCAL REG. Nov. 28, 1960 | 26. REGISTRAR'S SIGNATURE Wm. Clark Stoddell |
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R.S.H. (Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

W. H. Ames, M.D. MEDICAL CERTIFICATION

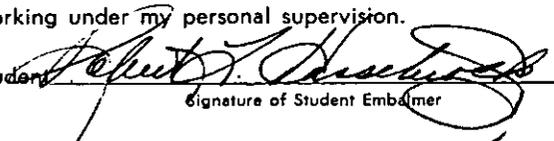
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

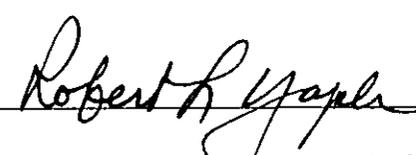
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Robert L. Hassebroek, Student Embalmer No. 617

working under my personal supervision.

Student


Signature of Student Embalmer

Signed



Licensed Embalmer No. 3308

P. O. Address St. Joseph, Miss

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.