

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-044833

FILED VS DEC 9 1960 333

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 6115 Registrar's No. 280

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Scott		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vanduser		c. CITY OR TOWN Vanduser		d. STREET ADDRESS (If outside, give location) (If outside, give location)	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First William		Middle M.		Last Whittley		Year 1960	
Month 11		Day 24		Year 1960			
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/31/1878	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Herrin Ill		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John K. Whittley		13b. MOTHER'S MAIDEN NAME Linda Barker		14. NAME OF HUSBAND OR WIFE Emma A.			
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 Address Jess Whittley, Vanduser, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Suffocation						?	
DUE TO (b) Caused when mattress burned in one room							
DUE TO (c) house in which he lived alone							
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 checked="" 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. 11/24/60							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	20f. CITY, TOWN, OR LOCATION Vanduser		COUNTY Scott		STATE Mo.	
21. I attended the deceased from First call after death and last saw ^{her} / _{him} live on 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) <i>Lyde Rae Larauer</i>				22b. ADDRESS <i>Sikeston Mo</i>		22c. DATE SIGNED <i>11/24/60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11/26/60		23c. NAME OF CEMETERY OR CREMATORY Bell City Cemetery		23d. LOCATION (City, town, or county) Bell City, Mo.	
24. FUNERAL DIRECTOR ADDRESS Welsh Funeral Home, Sikeston, Mo.				25. DATE RECD. BY LOCAL REG. 11-29-60		26. REGISTRAR'S SIGNATURE <i>Mrs. Ella Hunter</i>	

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.