MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 24 1961

AMENDED

-61-002185
STATE FILE NUMBER

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 3-61

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH
a. COUNTY: McDonald
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Anderson
Length of stay in 1b: 70 yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: RT 1
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: McDonald
c. CITY OR TOWN: Anderson
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): RT 1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Calvin Middle: Jackson Last: Whitehead

4. DATE OF DEATH: Month 1 Day 18 Year 1961

5. SEX: M

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 8-22-1872

9. AGE (last birthday): 88

IF UNDER 1 YEAR: Months 4 Days 26 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

11. BIRTHPLACE (City and state or country): Bushing Tenn.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Oliver Whitehead

13b. MOTHER'S MAIDEN NAME: Lavina Vocum

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Leonard Whitehead Address:

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
Investigated By R.M. Humphrey Jr. Coroner, McDonald Co.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: Sudden

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 _____
Death occurred at 4:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Mary A. Bradley (Degree or title) Registrar

22b. ADDRESS: Pineville, Missouri

22c. DATE SIGNED: 1-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-21-1961

23c. NAME OF CEMETERY OR CREMATORY: Cummings Chapel Cem.

23d. LOCATION (City, town, or county) (State): Tiff City Mo

24. FUNERAL DIRECTOR: Humphrey & Son

ADDRESS: Mt

25. DATE RECD. BY LOCAL REG.: 1-21-1961

26. REGISTRAR'S SIGNATURE: Mary A. Bradley

(Licensed Embalmer's Statement on Reverse Side)

FEB 21 1961

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 F. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel, 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.