

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-005964
STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 7

AMENDED

FILED VS FEB 16 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN MONROE CITY	Length of stay in lb 40Trs	c. CITY OR TOWN MONROE CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 314 West Dover	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 314 West Dover	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JAMES DANIEL WHELAN			4. DATE OF DEATH Month Day Year JANUARY 19th 1961
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-15-1877
9. AGE (last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT (RET)		10b. KIND OF BUSINESS OR INDUSTRY SHOE SHOP REPAIR	11. BIRTHPLACE (City and state or country) MONROE COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME HENRY WHELAN	
13b. MOTHER'S MAIDEN NAME MATILDA C YEAGER		14. NAME OF HUSBAND OR WIFE XXXXXX	
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 Mrs Elnora Norman. MONROE CITY, 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) Hodgkins Disease			INTERVAL BETWEEN ONSET AND DEATH 15 mo.
DUE TO (b)			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
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 Myocarditis			
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 Oct. 30-1959 to JAN. 19-1961 and last saw him alive on DEC. 27-1960 . Death occurred at 221 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harold F. Ellis D.O.		22b. ADDRESS Monroe City - Mo.	22c. DATE SIGNED 1-20-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-21-1961	23c. NAME OF CEMETERY OR CREMATORY St Joseph Cemetery	23d. LOCATION (City, town, or county) (State) PEORIA, ILLINOIS.
24. FUNERAL DIRECTOR Wilson & Sons		25. DATE RECD. BY LOCAL REG. Feb. 8-1961	26. REGISTRAR'S SIGNATURE Elsie Miller

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 me _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reslie L. Wilson _____

Licensed Embalmer No. 2014 _____

P. O. Address Monroe City, 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.