

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-016612

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 583

STATE FILE NUMBER

AMENDED

FILED JUN 12 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF S.E. Meloney, M.D. MEDICAL CERTIFICATION

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 lb 26 Yrs.	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 DOA Missouri Methodist Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3300 Douglas St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Cassius Whitman 111			4. DATE OF DEATH Month Day Year June 6 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 13, 1923
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction work		10b. KIND OF BUSINESS OR INDUSTRY Vice Pres. Cash Whitman Inc.	9. AGE (last birthday) 37 IF UNDER 1 YEAR Months Days IF UNDER 24 HR. Hours Min.
11. BIRTHPLACE (City and state or country) Halliday N. Dakota		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Cassius W. Whitman		13b. MOTHER'S MAIDEN NAME Pauline Bendewald	14. NAME OF HUSBAND OR WIFE Kathryn M. Whitman
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 Cassius Whitman St. Joseph, 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) Traumatic shock + hemorrhage DUE TO (b) brushing injury to chest DUE TO (c) overtwining of grinding machine			INTERVAL BETWEEN ONSET AND DEATH. 20 minutes 20 minutes 20 minutes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) grinding machine turned over causing injury			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. 10:55 am Month, Day, Year June 6-61	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 1 1/2 miles off jet 2757 71		
20e. CITY, TOWN, OR LOCATION Andrew Co Mo		20f. COUNTY STATE	
21. I attended the deceased from viewed body and last saw him live on June 6-61		Death occurred at 11:15 a m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) S.E. Meloney M.D. Coroner		22b. ADDRESS 214 N. Patrick St. Joseph Mo	22c. DATE SIGNED June 7 61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 9, 1961	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) St. Joseph, Missouri
24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc.		25. DATE RECD. BY LOCAL REG. June 8, 1961	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

1961 & 1 NOV

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 Raymond A. Hoover

Licensed Embalmer No. 5147

P. O. Address St. Joseph

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.