

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024204
STATE FILE NUMBER

AMENDED **042** Primary Registration District No. **1000** Registrar's No. **770**
FILED AUG 7 1961

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE Missouri b. COUNTY Carroll						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 7 Months		c. CITY OR TOWN Norborne		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph State Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 319 E. 4th. Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First FRED Middle P. Last WHIPPLE				4. DATE OF DEATH Month July Day 30 Year 1961						
5. SEX Male	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 2-12-1885	9. AGE (last birthday) 76	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) Ret. Contractor			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Topeka, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME George G. Whipple			13b. MOTHER'S MAIDEN NAME Carrie Butterfield			14. NAME OF HUSBAND OR WIFE Unknown				
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. Unknown	17. INFORMANT F.E. Whipple		Address Norborne, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia							INTERVAL BETWEEN ONSET AND DEATH Acute			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertropic Heart							Chronic			
DUE TO (c) Arteriosclerosis							Over 10 Yr.			
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 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 _____ 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 7-30-1961 to 7-30-1961 and last saw him alive on 7-30-1961				Death occurred at 9:35 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) C.E. Gossins M.D.				22b. ADDRESS St. Joseph, Missouri			22c. DATE SIGNED 7-30-1961			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-30-1961	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) Norborne		STATE Missouri			
24. FUNERAL DIRECTOR H.O. Siderfaden				ADDRESS St. Joseph, Mo		25. DATE RECD. BY LOCAL REG. July 30, 1961		26. REGISTRAR'S SIGNATURE Wm. Clark Goodell		

DATE AMENDED

INSTEAD OF

DOCUMENT

C.E. Gossins Medical Certification

ITEM NO. SHOULD READ

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 me,
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, Mo.

Note: The above ~~must~~ **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.