

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037800
STATE FILE NUMBER

AMENDED

Registration District No. 226 Primary Registration District No. 5800 Registrar's No. 23

FILED OCT 25 1961

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY PEORIA	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MONROE TOWNSHIP		c. CITY OR TOWN PEORIA, ILLINOIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION (RURAL) MONROE CITY		d. STREET ADDRESS (If outside, give location) 1113 E, McCLURE AVE	

3. NAME OF DECEASED (Type or print) First Middle Last ROSE MARY WHITELEY			4. DATE OF DEATH Month Day Year OCTOBER 18 1961		
5. SEX FEMALE	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 12 -4-1936	9. AGE (last birthday) 24	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY ISLAND OF MALTA		11. BIRTHPLACE (City and state or country) ISLAND OF MALTA	
13a. FATHER'S NAME ARGOST De MAJO		13b. MOTHER'S MAIDEN NAME ANGELA La ROSA		14. NAME OF HUSBAND OR WIFE JOSEPH W WHITELEY	
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. XXXX		17. INFORMANT Address ANGELA LAROSA, SAN FRANCISCO CALIF	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEAD AND CHEST INJURY		INTERVAL BETWEEN ONSET AND DEATH INSTANT
DUE TO (b) AUTOMOBILE ACCIDENT		
DUE TO (c)		

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"/> N. <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) HEAD ON COLLISION OF CAR AND TRUCK	
20c. TIME OF INJURY ABOUT 10:05 a.m.		Month, Day, Year 10-18-61	
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.) US HIGHWAY 24	20f. CITY, TOWN, OR LOCATION RURAL) MONROE CITY	COUNTY STATE MONROE MISSOURI.

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at about 10:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Russell M Wilson Coroner		22b. ADDRESS Monroe City Missouri		22c. DATE SIGNED 10-18-61
23a. FUNERAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-21-61	23c. NAME OF CEMETERY OR CREMATORY STMARYS CEMETERY	23d. LOCATION (City, town, or county) (State) PEORIA ILLINOIS	

24. FUNERAL DIRECTOR Wilson & Sons	ADDRESS Monroe City Mo	25. DATE RECD. BY LOCAL REG. Oct 21-1961	26. REGISTRAR'S SIGNATURE Elsie Miller
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

OCT 26 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 me _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leslie L. Wilson _____

Licensed Embalmer No. 3014 _____

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.