

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025745

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 50

FILED JUN 25 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY **SULLIVAN**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **MILAN** Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **S.C.M. HOSPITAL** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MO** b. COUNTY **MORGAN**
c. CITY OR TOWN **STOVER** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
TAMMY KAY WHITTLE
4. DATE OF DEATH Month Day Year
6 8 1962

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH **6/8/1962** 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min. **4 1/2**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **MISSOURI** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **BENNIE PARKER WHITTLE** 13b. MOTHER'S MAIDEN NAME **PATRICIA IRENE ALLEN** 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address **Bennie P. Whittle Bunceton, 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) **Central Cyanosis, Anoxia death**
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) **Anoxia (Hanging Not detailed)**
DUE TO (c) **Prematurity - 6 months pregnancy**
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 11:30 am to 3:30 pm and last saw her/him alive on 6-8-62
Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A.W. Ehl DO 22b. ADDRESS Fall Missouri 22c. DATE SIGNED 6-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 6-10-1962 23c. NAME OF CEMETERY OR CREMATORY Stover Cem. 23d. LOCATION (City, town, or county) (State) Stover Mo

24. FUNERAL DIRECTOR ADDRESS DAYNE FUNERAL HOME GALT MO 25. DATE RECD. BY LOCAL REG. 6-19-62 26. REGISTRAR'S SIGNATURE Mrs. M.W. Reckett

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 Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. H. Payne Jr

Licensed Embalmer No. 3400

P. O. Address Salt

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.