

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 885 -62-026229
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 17 1962

VS 300
Rev. 4/59

1 0128

2 0120

3

4 0

5 1

6

7 1

8 1

9 9196

10 43

11 012

12 2-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

20ab unknown--gunshot wound of stomach --homicide--shot by wife

11 Yancey Co., North Carolina

8 & 9 8/24/1926 & 35 attending physician

BY AFFIDAVIT OF Informant -- physician

DOCUMENT Immunization record 1952

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b 2 days	c. CITY OR TOWN Fairdealng Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First J. Middle D. Last Whitson			4. DATE OF DEATH Month June Day 26 Year 1962
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 8/29/1926
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Automobiles.	9. AGE (last birthday) 36 35 IF UNDER 1 YEAR: Months Days IF UNDER 24 HR: Hours Min.
11. BIRTHPLACE (City and state or country) Burnsville, N. C.		12. CITIZEN OF WHAT COUNTRY Yancey County, U. S. A.	
13a. FATHER'S NAME Dave Whitson		13b. MOTHER'S MAIDEN NAME Jane Howell	14. NAME OF HUSBAND OR WIFE Virginia Whitson
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 Virginia Whitson. Fairdealng, 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			INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gunshot wound of abdomen			2 days
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"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Received gunshot wound of abdomen at close range by his wife.	
20c. TIME OF INJURY Hour 12:10 a.m. p.m. Month, Day, Year 6-24-62			
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.) Four Way Inn	20f. CITY, TOWN, OR LOCATION Neelyville, Butler, Missouri
21. I attended the deceased from 6-24-62 to 6-26-62 and last saw him alive on 6-26-62 Death occurred at 6:57 AM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E. T. Hansbrough</i> E. T. HANSBROUGH, M. D. (degree or title)		22b. ADDRESS 623 Pine Blvd. Poplar Bluff, Missouri	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/28/62	23c. NAME OF CEMETERY OR CREMATORY Waynesville, N. C.	23d. LOCATION (City, town, or county) (State) Waynesville, N. C.
24. FUNERAL DIRECTOR Frank-Cotrell Chapel, Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 7/13/1962	26. REGISTRAR'S SIGNATURE <i>Thelma Gibson</i>

USE BLACK INK OR TYPEWRITER RIBBON

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 Scott Cotrell, Student Embalmer No. 658

working under my personal supervision.

Student Scott Cotrell
Signature of Student Embalmer

Signed Edgar W. Laffoon

Licensed Embalmer No. 313194
P. O. Address Poplar Bluff, 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.