

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026555

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 99 Primary Registration District No. \_\_\_\_\_ Registrar's No. 42

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH <b>AUG 14 1962</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Dekalb</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Dekalb</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Weatherby</b>		Length of stay in 1b <b>10 Months</b>	c. CITY OR TOWN <b>Weatherby</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>---</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>---</b>
3. NAME OF DECEASED (Type or print) First <b>Frank</b> Middle <b>Kenny</b> Last <b>Whitman</b>		4. DATE OF DEATH Month <b>July</b> Day <b>18</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-8-1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm Owner</b>	11. BIRTHPLACE (City and state or country) <b>Daviess Co., Mo.</b>
13a. FATHER'S NAME <b>Thomas W. Whitman</b>		13b. MOTHER'S MAIDEN NAME <b>Ann Elizabeth Everly</b>	14. NAME OF HUSBAND OR WIFE <b>Essie Whitman</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		17. INFORMANT <b>Mrs. Essie Whitman, Weatherby, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardio - Renal Vascular Disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 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 _____ a.m. _____ p.m. Month, Day, Year _____			
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from <b>May 1962</b> to <b>July 18, 1962</b> and last saw him alive on <b>July 17, 1962</b> Death occurred at <b>3:50 A.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Flord E. Nelson M.D.</b> (Inscribed or title)		22b. ADDRESS <b>Gallatin, Mo.</b>	22c. DATE SIGNED <b>7-20-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-20-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Brown Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Gallatin, Mo.</b>
24. FUNERAL DIRECTOR <b>Hope Funeral Home, Gallatin, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8-9-62</b>	26. REGISTRAR'S SIGNATURE <b>Hertie C. Davidson</b>

**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: *L. P. Erickson*

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.