

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-031997

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 306

FILED AUG 27 1962

1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Sedalia

Length of stay in lb
4 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Bothwell Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Pettis

c. CITY OR TOWN Sedalia

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1020 South Osage

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

THOMAS

E.

WHERLEY

4. DATE OF DEATH

Month

Day

Year

August 19, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12/4/1878

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retail Merchant

10b. KIND OF BUSINESS OR INDUSTRY
Hardware Store

11. BIRTHPLACE (City and state or country)
Pettis County, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

James M. Wherley

13b. MOTHER'S MAIDEN NAME

Martha E. Portter

14. NAME OF HUSBAND OR WIFE

Fannie C. Cline, deceased

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.

195-10-0995

17. INFORMANT

H. P. Cline, 1214 East 24th, Kansas City, 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)

Hypostatic Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

7 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Previous Chronic Bronchitis

10-15 yrs.

DUE TO (c)

Bed Fast

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Severe Rheumatoid Arthritis

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 7-30-62 to 8-19-62 and last saw him alive on 8-19-62

Death occurred at 9:20 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ronald K. Kirby M.D.

22b. ADDRESS

814 W. 16th Sedalia, Mo.

22c. DATE SIGNED

8-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

8/22/1962

23c. NAME OF CEMETERY OR CREMATORY

I.O.O.F Cemetery

23d. LOCATION (City, town, or county)

Otterville, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Sedalia, Missouri

25. DATE RECD. BY LOCAL REG.

Aug. 21, 1962

26. REGISTRAR'S SIGNATURE

Nancy Anderson, Deputy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.