

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041823

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1162

FILED DEC 11 1962

1. PLACE OF DEATH
a. COUNTY **Butler**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Poplar Bluff** Length of stay in lb
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Doctor's Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)
a. STATE **Missouri** COUNTY **Butler**
c. CITY OR TOWN **Poplar Bluff** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **Rt. 4** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **KENNETH** Middle **RAY** Last **WHELCHEL** 4. DATE OF DEATH Month **November** Day **28** Year **1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **1-24-52** 9. AGE (last birthday) **10** IF UNDER 1 YEAR Months **10** Days **4** IF UNDER 24 HR Hours **4** Min.

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

13a. FATHER'S NAME **Homer Whelchel** 13b. MOTHER'S MAIDEN NAME **Juanita Reeves** 14. NAME OF HUSBAND OR WIFE -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ----- 16. SOCIAL SECURITY NO. ----- 17. INFORMANT **Homer Whelchel** Address **Rt. 4 Poplar Bluff, 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) **Cerebral Hemorrhage**
DUE TO (b) **Sympathetic Leukemia**
DUE TO (c) -----
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 **5:45 P** Month, Day, Year **11-26-62**

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.) **Poplar Bluff, Mo** 20f. CITY, TOWN, OR LOCATION **Poplar Bluff, Mo** COUNTY **Butler** STATE **Missouri**

21. I attended the deceased from **11-26-62** to **11-28-62** and last saw her/him alive on **11-28-62**
Death occurred at **5:45 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Dr. H. C. Parker Jr. M.D.** 22b. ADDRESS **Poplar Bluff, Mo** 22c. DATE SIGNED **12/3/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **12-1-62** 23c. NAME OF CEMETERY OR CREMATORY **Memorial Garden** 23d. LOCATION (City, town, or county) (State) **Poplar Bluff, Missouri**

24. FUNERAL DIRECTOR **Russell-Ermert** ADDRESS **Box 65 Corning, Ark.** 25. DATE RECD. BY LOCAL REG. **12-5-1962** 26. REGISTRAR'S SIGNATURE **Thelma Keenan**

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard O. Ement

Licensed Embalmer No. 782

P. O. Address Corning, N.Y.

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.