

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE 157

Primary Registration District No. 3028 Registrar's No. 214

-62-043195  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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

<b>FILED NOV 26 1962</b>		1. <b>PLACE OF DEATH</b>		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>JASPER</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CARTHAGE</b>		a. STATE <b>MO.</b> b. COUNTY <b>JASPER</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>McCune Brooks Hosp.</b>		Length of stay in lb <b>1 DAY</b>		c. CITY OR TOWN <b>SARCOXIE</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS <b>RR # 2</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>RR # 2</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. <b>NAME OF DECEASED</b> First Middle Last <b>Laura Whisner</b>			4. <b>DATE OF DEATH</b> Month Day Year <b>11 - 13 - 1962</b>		
5. SEX <b>Female</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>12-7-1890</b>	9. AGE (last birthday) <b>71</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOMEMAKING</b>		11. BIRTHPLACE (City and state or country) <b>Osage County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>George Taylor</b>		13b. MOTHER'S MAIDEN NAME <b>unk</b>	
13. NAME OF HUSBAND OR WIFE <b>Volla V. Whisner</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>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Volla V. Whisner</b>		18. <b>CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>	
IMMEDIATE CAUSE (a) <b>Nephritis Chronic</b>		DUE TO (b) <b>Arteriosclerosis</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) <b>Arteriosclerosis Cardiovascular Disease</b>				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>Dec 1960</b> to <b>Nov 13, 1962</b> and last saw her alive on <b>Nov 13, 1962</b> Death occurred at <b>4:48 P M</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>George H. Wood MD</b>		22b. ADDRESS <b>Carthage Mo</b>		22c. DATE SIGNED <b>11/15/62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-16-1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Sarcoxie Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Sarcoxie, Missouri</b>		24. FUNERAL DIRECTOR <b>Ulmer-Moss Funeral Home-Sarcoxie, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>11-15-62</b>	
26. REGISTRAR'S SIGNATURE <b>Elly Chittus</b>					

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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

**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 Melvin Garrett

Licensed Embalmer No. 5121  
P. O. Address Carthage, 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.