MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-046198

STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 30 Registrar's No. 162

FILED JAN 4 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0171
2 0170 2
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4 6
5 2
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7 1
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9 490X
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12 5-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Carroll
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton — Length of stay in 1b 55 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Carroll Co. Memorial — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Carroll
c. CITY OR TOWN Carrollton, R. 4 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.4 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JAMES Middle Last WHALEN

4. DATE OF DEATH Month Dec. Day 27 Year 1962

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 6/19/1869
9. AGE (last birthday) 93 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Franklin, Ill.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James Whalen
13b. MOTHER'S ~~MAIDEN~~ NAME Mary Whalen
14. NAME OF HUSBAND OR WIFE Frances Gause Whalen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Address Thomas Whalen, Carrollton, Mo. R.4

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Double Lobar
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pneumonia
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 14 da

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 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 Dec 13, 1962 to 12-27-62 and last saw him alive on 12-27-62
Death occurred at 6:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. Hamilton Staton
22b. ADDRESS Carrollton, Mo
22c. DATE SIGNED 12-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/31/1962
23c. NAME OF CEMETERY OR CREMATORY St. Marys Cem.
23d. LOCATION (City, town, or county) (State) Carroll County Mo.

24. FUNERAL DIRECTOR ADDRESS Gibson Funeral Home, Carrollton, Mo.
25. DATE RECD. BY LOCAL REG. 12-30-62
26. REGISTRAR'S SIGNATURE Chas Calvert Wilemoore

(Licensed Embalmer's Statement on Reverse Side)

JAN 9 1963

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_____ Signed Ben W. Gibson

Signature of Student Embalmer

Licensed Embalmer No 2961

P. O. Address Carrollton, 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.