

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009114

STATE FILE NUMBER

REG. MAR 19 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 278

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Greene			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Springfield 396	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospt				Length of stay in lb 1 50 yrs.		d. STREET ADDRESS (If outside, give location) 806 W Grand St.	
3. NAME OF DECEASED (Type or print) First ARMER Middle A Last WHITLOCK				4. DATE OF DEATH Month March Day 14 Year 1959			
5. SEX Male 2		6. COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 8 1900	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rail-Road		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Strafford Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank Whitlock				13b. MOTHER'S MAIDEN NAME Sally Minns		14. NAME OF HUSBAND OR WIFE Florene Whitlock	
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. UNKNOWN		17. INFORMANT Address Florene Whitlock 806 W Grand Ave'	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis, gen'd						INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
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) Diabetes mellitus						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 22	
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 type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Springfield		COUNTY Mo STATE	
21. I attended the deceased from 1956 , to 3-14-59 and last saw him alive on 3-14-59 Death occurred at 11:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE G.B. Lammong Jr. M.D. (Degree or title)				22b. ADDRESS Springfield, Mo.		22c. DATE SIGNED 3-16-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar '21 1959		23c. NAME OF CEMETERY OR CREMATORY Lincoln Memorial		23d. LOCATION (City, town, or county) (State) Springfield Mo	
24. FUNERAL DIRECTOR H.Y. Smith 602 N. Jefferson ADDRESS				25. DATE RECD. BY LOCAL REG. 3-18-59		26. REGISTRAR'S SIGNATURE Effie B. Melton	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with or without diseases in Part I must be causally related.

MAR 8 0 1950

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 *Herbert V. Smith*

Licensed Embalmer No. *4286*
P. O. Address *Springfield*

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.