

FILED MAR 21 1951

STANDARD CERTIFICATE OF DEATH

State File No.

9074

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>5588</u>		Registrar's No. <u>58</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Sarcadie</u>		c. LENGTH OF STAY (in this place) (Specify) <u>80 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Sarcadie Twp</u>		d. STREET ADDRESS (If rural, give location) <u>Sarcadie Mo</u>	
3. NAME OF DECEASED (Type or Print) <u>Caleb D. Whisner</u>				4. DATE OF DEATH <u>Mar 8 1951</u>		5. SEX <u>Male</u>	
a. (First)		b. (Middle)		c. (Last)		6. COLOR OR RACE <u>Wh</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 31-1868</u>		9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Samuel Whisner</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Rimmer</u>	
14. NAME OF HUSBAND OR WIFE <u>Nettie Whisner</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>•</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nettie Whisner Sarcadie Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4/201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Mar 8, 1951</u> , to <u>Mar 8, 1951</u> , that I last saw the deceased alive on <u>Mar 8, 1951</u> , and that death occurred at <u>10:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Leon Simmons M.D.</u>		23b. ADDRESS <u>1201 North Sarcadie Mo</u>		23c. DATE SIGNED <u>Mar 10 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-10-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sarcadie Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Sarcadie Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-12-51</u>		REGISTRAR'S SIGNATURE <u>L B Clinton, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson & Sons Sarcadie Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 3/20/51

Jasper County Health Office

County File Number 51-3-216

Date Filed 3/20/51

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Wm R Jackson

Licensed Embalmer No.

3984

P. O. Address

Lansdale 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 this body is not embalmed, fact should be so stated above.