

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **3779**

No. 300
10.48
FILED JAN 29 1952

BIRTH NO. _____		REG. DIST. NO. 36Y		PRIMARY REG. DIST. NO. 4531		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY Warren				2. USUAL RESIDENCE (Where deceased lived or institution: residence before admission). a. STATE MO b. COUNTY St Louis			
b. CITY OR TOWN Warrento		c. LENGTH OF STAY (in this place) 45 days		c. CITY OR TOWN St Louis Mo 6089			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary General Hospital				d. STREET ADDRESS (If rural, give location) 333. Antelope St			
3. NAME OF DECEASED (Type or Print) a. (First) Edgar b. (Middle) Emerson c. (Last) Whipple			4. DATE OF DEATH (Month) (Day) (Year) 1-14-52				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 13-1878		9. AGE (In years) 74	IF UNDER 1 YEAR Months 9 Days	IF UNDER 24 HRS. Hours 9 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner		10b. KIND OF BUSINESS OR INDUSTRY mining		11. BIRTHPLACE (State or foreign country) Brooklyn Wis		12. CITIZENSHIP OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph A Whipple		13b. MOTHER'S MAIDEN NAME Leda J. Palmer		14. NAME OF HUSBAND OR WIFE Marion Whipple ad			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Ed Whipple ADDRESS 329 Antelope St.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia bilateral Hypostatic				INTERVAL BETWEEN ONSET AND DEATH 10 days			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage -						3 mo.	
DUE TO (c) Left side pneumonia							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardiac vessels						unknown	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION renal disease				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X			
22. I hereby certify that I attended the deceased from Dec 9, 1951 , to Jan 14, 1952 that I last saw the deceased alive on Jan 11, 1952 , and that death occurred at 4:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Date or title) Floyd Logan				23b. ADDRESS Warrento Mo		23c. DATE SIGNED 1-14-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-16-52	24c. NAME OF CEMETERY OR CREMATORY Belhel Cemetery		24d. LOCATION (City, town, or county) (State) West of Warrento, Mo		
DATE REC'D BY LOCAL REG. 1-16-52		REGISTRAR'S SIGNATURE Floyd Logan		25. FUNERAL DIRECTOR'S SIGNATURE H B Helber ADDRESS Nellsville Mo			

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

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
Student Embalmer

Signed _____

Licensed Embalmer No. 1588

P. O. Address Wallerde 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.