

BIRTH NO. **FILED NOV 6 - 1953** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2766**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS COUNTY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JEFF. BRKS. MO.</b>		c. CITY OR TOWN <b>NEWTON</b>	d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 Days</b>		e. STREET ADDRESS (If rural, give location) <b>(NONE)</b> <b>8120 8</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VET. ADM. HOSP.</b>			

3. NAME OF DECEASED (Type or Print) <b>FREDERICK</b>	a. (First)	b. (Middle) <b>W.</b>	c. (Last) <b>WHIGHTSELL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10/25/53</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>9/18/88</b>	9. AGE (In years) (last birthday) Months Days Hours Min. <b>65 yrs.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Newton, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>ERWIN W. WHIGHTSELL</b>	13b. MOTHER'S MAIDEN NAME <b>HATTIE DELMING</b>	14. NAME OF HUSBAND OR WIFE <b>VILLA WHIGHTSELL</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>YES</b> <b>WORLD I</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>V. A. HOSPITAL RECORDS</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>18 MO.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF LUNG, RECURRENT</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) - - - - -</b> <b>DUE TO (c) - - - - -</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>163X</b>			

19a. DATE OF OPERATION <b>MAY 1952</b>	19b. MAJOR FINDINGS OF OPERATION <b>CARCINOMA OF LUNG, LEFT</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <b>SUICIDE</b> <b>HOMICIDE</b> <b>NONE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>NONE</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>- - - - -</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>V.A.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>- - - - -</b>

22. I hereby certify that I attended the deceased from **10/22**, 19**53**, to **10/25**, 19**53**, that he/she was deceased on **10/25/53**, and that death occurred at **11:02p** m., from the causes and on the date stated above.

23a. SIGNATURE <b>C. H. Sparks, M.D.</b> (Degree or title) <b>C. H. Sparks, M.D.</b>	23b. ADDRESS <b>V. A. HOSPITAL JEFF. BRKS. MO.</b>	23c. DATE SIGNED <b>10/26/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10-26-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LOCAL</b>	24d. LOCATION (City, town, or county) (State) <b>Newton, Illinois.</b>
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DATE REC'D BY LOCAL REG. <b>10/26/53</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Ambe MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	ADDRESS <b>4700 Washington.</b>
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Paul A. Washburn*

Licensed Embalmer No...*4*

P. O. Address...*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.