

FILED FEB 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5800

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. CITY OR TOWN Louisiana	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 18 years		e. STREET ADDRESS (If rural, give location) South 23rd. St. 08210	
d. FULL NAME OF HOSPITAL OR INSTITUTION South 23rd. St. /			

3. NAME OF DECEASED (Type or Print)	a. (First) THOMAS	b. (Middle) ALOYSIUS	c. (Last) WHALEN	4. DATE OF DEATH FEB. 12, 1955
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 8, 1873	9. AGE (In years last birthday) 81	10. UNDER 1 YEAR Months 2	11. UNDER 2 HRS. Days 4	12. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer--Retired	10b. KIND OF BUSINESS OR INDUSTRY Missouri Edison Co.	11. BIRTHPLACE (City and State or Foreign Country) Lincoln Co., Missouri 0	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Michael Whalen	13b. MOTHER'S MAIDEN NAME Anna Cassidy	14. NAME OF HUSBAND OR WIFE Laura Whalen
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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. 486-18-9533 A	17. INFORMANT'S SIGNATURE OR NAME Mrs. Thomas Whalen, Louisiana, Missouri	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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None done	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 8-6, 1951, to 2-12, 1955, that I last saw the deceased alive on 2-12, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) H. DO	23b. ADDRESS Louisiana, Mo.	23c. DATE SIGNED 2-14-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 55	24b. DATE 2/10/55	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Louisiana Missouri
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DATE REC'D BY LOCAL REG. 2/21	REGISTRAR'S SIGNATURE [Signature] 374	25. FUNERAL DIRECTOR'S SIGNATURE 0	ADDRESS Sterne Funeral Home, Louisiana, Mo.
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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.....
Signature of Student Embalmer

Signed *Virginia M. Stearns*.....

Licensed Embalmer No...464

P. O. Address *Louisiana*.....

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.