

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5581 State File No. 8601

BIRTH NO.		REG. DIST. NO. 156	PRIMARY REG. DIST. NO. 2001	Registrar's No. 95
1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - <u>Galeva Township</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Joplin	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 3, Joplin		STREET ADDRESS (If rural, give location) Rt. 3, Joplin		
3. NAME OF DECEASED (Type or Print) a. (First) Janie		b. (Middle)	c. (Last) Whisner	4. DATE OF DEATH (Month) (Day) (Year) March 8, 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 7, 1884	9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Sarcoxie, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Whitehead		13b. MOTHER'S MAIDEN NAME u.w.k.	14. NAME OF HUSBAND OR WIFE Jasper Whisner	
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.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Raymond Wilson	
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) Terminal pulmonary edema  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic muocarditis  DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Generalized osteoarthritis Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 4 da  Unknown  Unknown
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) m.		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 11/1/54, to 3/8/55, 19__, that I last saw the deceased alive on 3/8/55, 19__, and that death occurred at 3:00 P.m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Wm. Wells-Hee</u> (Degree or title) D.O.		23b. ADDRESS Webb City, Mo.		23c. DATE SIGNED 3-10-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-12-55	24c. NAME OF CEMETERY OR CREMATORY Harvey Cemetery	24d. LOCATION (City, town, or county) (State) E. of Carthage, Mo.
DATE REC'D BY LOCAL REG. 3-14-55		REGISTRAR'S SIGNATURE <u>My Walter Kempner</u> 138		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Johnston-Arnce-Simpson, Webb City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

County No. N  
Date Filed  
MAR 21 1955  
55-3-190

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 *Harvey E. Cline*

Licensed Embalmer No. *446*

P. O. Address *W. A. City*

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.