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17682

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 15 1955

State File No. 17682
Registrar's No. 50

BIRTH NO.		REG. DIST. NO. 11		PRIMARY REG. DIST. NO. 4034	
1. PLACE OF DEATH a. COUNTY Barry			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville		c. LENGTH OF STAY (in this place) 3 da	c. CITY OR TOWN Cassville		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital			e. STREET ADDRESS (If rural, give location) 1300 Mill Street		
3. NAME OF DECEASED (Type or Print) a. (First) WILEY b. (Middle) W. c. (Last) WHISMAN			4. DATE OF DEATH (Month) (Day) (Year) June 23, 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 29, 1875	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and State or Foreign Country) Wolfe County, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Hiram Whisman		13b. MOTHER'S MAIDEN NAME Rebecca Stamper		14. NAME OF HUSBAND OR WIFE Dolly Clifton Whisman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dolly Whisman-Cassville, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis 5 years 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 4 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?			
22. I hereby certify that I attended the deceased from June 13, 1951 , to June 23, 1955 , that I last saw the deceased alive on June 23, 1955 , and that death occurred at 12:30 a m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Arthur C. Wried, M.D.			23b. ADDRESS Cassville, Mo.		23c. DATE SIGNED June 24, 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-26-1955	24c. NAME OF CEMETERY OR CREMATORY Painter Cemetery	24d. LOCATION (City, town, or county) (State) Shell Knob, Missouri		
DATE REC'D BY LOCAL REG. 7-6-55	REGISTRAR'S SIGNATURE Mary McDonald, Dep.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul D. Henbest Cassville, Mo.			

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

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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 755-291

DATE REC. 7-9-55

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 *Paul D. Hendest*.....

Licensed Embalmer No. *452*

P. O. Address *Cassville*

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.