

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 12 1955

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Pulaski.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>California</u> b. COUNTY <u>Unknown.</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Waynesville, MO</u>		c. CITY OR TOWN <u>Hollywood</u>	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) <u>4 wks.</u>		e. STREET ADDRESS (If rural, give location) <u>741 Kingsley Drive.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>None.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Christian</u> c. (Last) <u>Whidding</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8/2/55</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>3/15/1902</u>		9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tatto Artist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Christian H. Whidding</u>		13b. MOTHER'S MAIDEN NAME <u>Sera Sina Gallinari</u>		14. NAME OF HUSBAND OR WIFE <u>Sylvia Unknown.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes.</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John G. Whidding 741 Kingsley Drive.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u> <u>Hollywood, Calif.</u> INTERVAL BETWEEN ONSET AND DEATH <u>15 MIN</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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	
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) (Min.)		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 8/2/55 1955, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. Hedges</u> County Coroner		23b. ADDRESS <u>Richland, Missouri</u>		23c. DATE SIGNED <u>8/4/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/5/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crocker Memorial Cemetery Crocker, Mo.</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL HOME'S SIGNATURE <u>Hedges Funeral Home Crocker, Mo</u>			
DATE REC'D BY LOCAL REG. <u>8-4-55</u>		REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>		5. FUNERAL HOME'S SIGNATURE	

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

Date Filed 8-6-55
File Number

Pulaski County Office

RECEIVED 8-7-55

AUG 12 1955

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 *Ewell C. Craig*

Licensed Embalmer No. 47

P. O. Address *Chickney*

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.