

FILED OCT 18 1955

STANDARD CERTIFICATE OF DEATH

34028

State File No.

BIRTH NO. 184 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5747 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MADISON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (MARQUAND)</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>MARQUAND RURAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			STREET ADDRESS (If rural, give location) <u>0620</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARION</u> b. (Middle) <u>GILBERT</u> c. (Last) <u>WHITLOCK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-10-1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>5-14-1935</u>		9. AGE (In years last birthday) <u>4</u> IF UNDER 1 YEAR: Months <u>26</u> Days <u>26</u> IF UNDER 4 HRS: Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>MARQUAND (RURAL)</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>GILBERT WHITLOCK</u>		13b. MOTHER'S MAIDEN NAME <u>VERA [unclear]</u>		14. NAME OF HUSBAND OR WIFE <u>GILBERT WHITLOCK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GILBERT WHITLOCK MARQUAND, MO</u>		

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Double Broncho-pneumonia 4 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>491X</u>			INTERVAL BETWEEN ONSET AND 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)		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 10-10-1955, to 10-10-1955, that I last saw the deceased alive on 10-10-1955, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. W. DeLaney, D.D.</u>		23b. ADDRESS <u>Fredericktown, Mo</u>		23c. DATE SIGNED <u>10-11-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10/12/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BURIAL CEM</u>		24d. LOCATION (City, town, or county) (State) <u>MARQUAND (RURAL) MO</u>	
DATE REC'D BY LOCAL REG. <u>10-11-1955</u>		REGISTRAR'S SIGNATURE <u>Florence Dick</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ed [unclear] Marquand, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

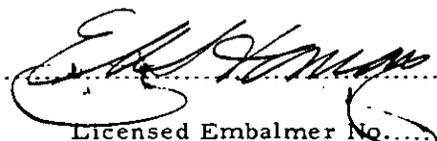
RECEIVED
OCT 17 1955

FILE No. 1055-46

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 THIS Body NOT EMBALMED, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.