

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39780

State File No.

42

5132

1344

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Wayne Township)		c. LENGTH OF STAY (in this place) 44 yrs		c. CITY OR TOWN St. Joseph		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 Route 6, St. Joseph				e. STREET ADDRESS (If rural, give location) Route 6, Wayne township			
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) E. c. (Last) Whitesell			4. DATE OF DEATH (Month) (Day) (Year) Dec. 16, 1955				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH May 4, 1866	
9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Burlington, North Carolina U.S.A.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Wagoner		13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE David Z. Whitesell	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. John Zumbrunnen Rt. 6, St. Joe 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardosis ANTECEDENT CAUSES DUE TO (b) Hypertensive arterio-sclerotic Cardio-vascular renal disease DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 44.2X					INTERVAL BETWEEN ONSET AND DEATH one year
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 _____, 19 35 , to 12. 16 , 19 55 , that I last saw the deceased alive on 12-11, 1955 , and that death occurred at 7:45am. , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) B. Grant MD				23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 12.16.55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 18, 55		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Public Cem		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Dec 23, 1955		REGISTRAR'S SIGNATURE Kathleen M Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leola A. Clark Clark Funeral Home		St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 *Emil Clark*.....

Licensed Embalmer No. *120*.....

P. O. Address *St. Louis*.....

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.