

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **839**

FILED JAN 25 1956

BIRTH NO. _____ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **4170** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Star		c. LENGTH OF STAY (in this place) Lifetime	c. CITY OR TOWN Union Star
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 0320	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) William	b. (Middle) Thomas	c. (Last) Whetsell	(Month) Jan.	(Day) 13.	(Year) 56
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 30, 1868	9. AGE (In years last birthday) 87	10. MONTHS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Retired.	11. BIRTHPLACE (City and State or Foreign Country) DeKalb Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Adam Whetsell	13b. MOTHER'S MAIDEN NAME Elizabeth J. Holland	14. NAME OF HUSBAND OR WIFE Josephine E. Whitsell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Josephine Whetsell, Union Star, Mo.
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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) MEDULLARY PARALYSIS		INTERVAL BETWEEN ONSET AND DEATH MINUTES
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CEREBRAL HEMORRHAGE		HOURS
	DUE TO (c) ARTERIOSCLEROSIS		YEARS
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death SECONDARY CARCINOMA OF SPINE PRIMARY CARCINOMA OF PROSTATE		YEARS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332XH	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **4-8**, 19**53**, to **1-13**, 19**56**, that I last saw the deceased alive on **1-13**, 19**56**, and that death occurred at **12:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lyle P. Parker D.O.	23b. ADDRESS Union Star, Mo.	23c. DATE SIGNED 1-14-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 15 56	24c. NAME OF CEMETERY OR CREMATORY Union Star	24d. LOCATION (City, town, or county) (State) Union Star, Missouri
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DATE REC'D BY LOCAL REG. 1-20-56	REGISTRAR'S SIGNATURE Roscoe Parkman	25. FUNERAL DIRECTOR'S SIGNATURE Roland D. Clark	ADDRESS King City Mo
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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 *Roland D. Clark*.....

Licensed Embalmer No. *4477*.....

P. O. Address *King City, Mo.*.....

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.