No. 300
10.48

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

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7388

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 747

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri Baptist Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Jefferson
c. CITY OR TOWN Festus
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) R. F. D. #2

3. NAME OF DECEASED (Type or Print)
a. (First) Harvey
b. (Middle) NMI
c. (Last) Whipple

4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1956

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 18, 1890
9. AGE (In years last birthday) 65yrs
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) Highway Maintenance
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Hillsboro, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Whipple
13b. MOTHER'S MAIDEN NAME Hanna Hamilton
14. NAME OF HUSBAND/OR WIFE Cora Keney Whipple

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 493-36-0612
17. INFORMANT'S SIGNATURE OR NAME Mrs. Cora Whipple
ADDRESS R. F. D. #2

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — sev. yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Malignant nephrosclerosis — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 420.1
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-15, 1956 *to* 1-21, 1956 *that I last saw the deceased alive on* 1-21, 1956, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE John L. Horner (Degree or title) M.D.
23b. ADDRESS 114 N. TAYLOR ST. LOUIS 8
23c. DATE SIGNED 1-23-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Jan. 24, 1956
24c. NAME OF CEMETERY OR CREMATORY Baptist Cemetery
24d. LOCATION (City, town, or county) (State) Sandy, Mo.

DATE REC'D BY LOCAL REG. JAN 23 1956
REGISTRAR'S SIGNATURE Paul Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Vinyard Funeral Home
ADDRESS Festus, Mo.
(Licensed Embalmer's Statement on Reverse Side)

MAR 13 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed No Embalming
William S. Glexa
Licensed Embalmer No.....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.