

FILED APR 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12289**BIRTH NO. _____ REG. DIST. NO. **IV** PRIMARY REG. DIST. NO. **5048** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) Purdy Rural McDonald	c. LENGTH OF STAY (in this place) 27 years	c. CITY OR TOWN Purdy	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 Home SE of Purdy		f. STREET ADDRESS (If rural, give location) Route 2-8 mi. SE of Purdy	

3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Wallace c. (Last) Whiteman			4. DATE OF DEATH (Month) (Day) (Year) March 27-1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 2-1882	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 4 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Masonry & Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Whiteman	13b. MOTHER'S MAIDEN NAME Anna Wallace	14. NAME OF HUSBAND OR WIFE Ida Whiteman
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. Ida Whiteman, Purdy, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		5 minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic fibrillation DUE TO (c)		2 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatitis Gland III.		10 yrs.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201		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 **7-23**, 19**53**, to **3/26**, 19**56**, that I last saw the deceased alive on **3/24**, 19**56**, and that death occurred at **9:05 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ed Harris M.D.	23b. ADDRESS Purdy Mo	23c. DATE SIGNED 3/30/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 30-1956	24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery
DATE REC'D BY LOCAL REG. 4-9-'56	REGISTRAR'S SIGNATURE Grace Williams Bennett	24d. LOCATION (City, town, or county) (State) Southwest of Purdy, Mo.
25. FUNERAL DIRECTOR'S SIGNATURE Warminston Monett		ADDRESS Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 456-71

DATE REC. 4-16-56

APR 15 1956

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 J. Gordon Bennett

Licensed Embalmer No. 42

P. O. Address Monett

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.