

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15903

State File No.

BIRTH NO. _____ REG. DIST. NO. 83 PRIMARY REG. DIST. NO. 5314 Registrar's No. 5

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|---|--|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>COOPEY</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPEY</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR DWN <u>(RURAL) PRAIRIE HOME</u> | | c. LENGTH OF STAY (in this place) <u>25 yr</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>(RURAL) PRAIRIE HOME</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PRAIRIE HOME MO</u> | | | d. STREET ADDRESS (If rural, give location) <u>PRAIRIE HOME MO</u> | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MONTE</u> b. (Middle) <u>OTIS</u> c. (Last) <u>WHALEN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 13-1956</u> | | |
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| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> | | 8. DATE OF BIRTH <u>JUNE 5-1909</u> | | 9. AGE (In years) (Months) (Days) <u>46 11 8</u> | | 10. UNDER 1 YEAR: Hours Min. <u>8</u> | | 11. UNDER 4 HRS. Hours Min. <u>8</u> | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u> | | | 11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | |
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| 13a. FATHER'S NAME <u>JOHN WHALEN</u> | | | 13b. MOTHER'S MAIDEN NAME <u>MARY SCOTT</u> | | | 14. NAME OF HUSBAND OR WIFE <u>SINGLE</u> | | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Whalen Prairie Home Mo</u> | | | | ADDRESS | |
|---|--|-------------------------|--|--|--|--|--|---------|--|

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Transition and Rehabilitation</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>7 1/2 months</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinomatosis</u> DUE TO (c) <u>Gastric carcinoma</u> | | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>151X</u> | | | | | | 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) | | 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 5-13, 1956, that I last saw the deceased alive on 5-13, 1956, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>D. Young, M.D.</u> (Degree or title) | | | 23b. ADDRESS <u>Jamestown, Mo</u> | | | 23c. DATE SIGNED <u>5-14-56</u> | | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>MAY 16-1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u> | | 24d. LOCATION (City, town, or county) (State) <u>BOONVILLE MO</u> | |
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| DATE REC'D BY LOCAL REG. <u>May 16-56</u> | | REGISTRAR'S SIGNATURE <u>V.T. Meredith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>CARLETT HORNDECK</u> | | ADDRESS <u>PRAIRIE HOME MO</u> | |
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(Licensed Embellisher's Statement on Reverse Side)

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

420

MAY 21 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 _____
Student Embalmer

Signed E. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Quincy Home 705

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 this body is not embalmed, fact should be so stated above.