

FILED DEC 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37153

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1237

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Joseph</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Meth. Hospital</u>		Length of stay in 1b <u>life</u>	d. STREET ADDRESS (If outside, give location) <u>6002 S. 3rd St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>MAMIE</u> Middle <u>A.</u> Last <u>WHALEY</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>20</u> Year <u>1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 9, 1887</u>	9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>17</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Presser (retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shirt Mfg. Co.</u>		11. BIRTHPLACE (City and state or country) <u>St. Joseph, Mo.</u>	
13. FATHER'S NAME <u>George Whaley</u>			14. MOTHER'S MAIDEN NAME <u>Mary A. Brown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-09-4656</u>		17. INFORMANT Address <u>Mrs. W. F. Rich Sr. 6002 S. 3rd St.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized visceral carcinomatosis</u> DUE TO (b) <u>Carcinoma of ovaries</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <u>2/10/56</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>175X</u>		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Feb. 10, 1956</u> to <u>Nov. 20, 1956</u> and last saw her him alive on <u>Nov. 20, 1956</u> Death occurred at <u>7:00 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>H. C. Williamson M. D.</u>			22b. ADDRESS <u>906 Edmond St. Joseph Mo</u>		22c. DATE SIGNED <u>11/21/56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 23, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Clark Funeral Home St. Joseph, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>Nov. 26, 1956</u>	26. REGISTRAR'S SIGNATURE <u>Edward M. Allison</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

91 7 1940

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 Paul F. Clark, Student Embalmer No. 539 working under my personal supervision..

Student Paul F. Clark
Signature of Student Embalmer

Signed E. Clark

Licensed Embalmer No. 47

P. O. Address Albany

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.