

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23442

State File No. \_\_\_\_\_

FILED JUL 17 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY <b>Audfain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico</b>		c. CITY OR TOWN <b>Montgomery</b>	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 <b>Audrain County Hospital</b>			
e. STREET ADDRESS (If rural, give location) <b>none 2 miles east of Montgomery</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>James</b>	b. (Middle) <b>D</b>	c. (Last) <b>Whiteside</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>7-5-57</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>9-6-1874</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Lincon Co Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>
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13a. FATHER'S NAME <b>William Whiteside</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Wilson</b>	14. NAME OF HUSBAND OR WIFE <b>Tina Harrell Whiteside</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Henry J. P. Cho Jr.</b>	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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General infirmity of age</b>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Emphysema, severe secondary anemia.</b>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>527.1</b>	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? _____
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22. I hereby certify that I attended the deceased from Oct 10, 1956, to July 4, 1957, that I last saw the deceased alive on July 4, 1957, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>M. A. Hallenbach</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Mexico, Mo</b>	23c. DATE SIGNED <b>July 4, 1957</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-7-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Montgomery City Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Montgomery City Mo</b>
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DATE REC'D BY LOCAL REG. <b>July 7-1957</b>	REGISTRAR'S SIGNATURE <b>Blanche Deedy</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>M. A. Hallenbach</b>	ADDRESS <b>MONTGOMERY CITY MO</b>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10.48  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7-6

USE OF THIS

FORM IS

RESTRICTED

1

JUL 15 1957

UNIVERSITY

OF

MISSOURI

JUL 15 1957

EXHIBIT

JUL 15 1957

RECEIVED

CC

9-6-1957

OFFICE

FILE

7.5.57

OFFICE

RECORD

MISSOURI

of the State Board of Health

Montgomery City

Missouri

ON

ON

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, ~~XXX~~ on the 5 th day of July 1957, Student Embalmer No. .... working under my personal supervision.

Student..... Signature of Student Embalmer

Signed..... C. W. Hopkins

Licensed Embalmer No. 1487

Montgomery City Mo P. O. Address.....

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.