

FILED JUL 30 1957

## STANDARD CERTIFICATE OF DEATH

25065  
STATE FILE NUMBERRegistration District No. 156 Primary Registration District No. 2001 Registrar's No. 357

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Carterville</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Freeman Hosp.</b>			Length of stay in lb <b>1 day</b>	d. STREET ADDRESS <b>220 W. Daugherty</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <b>Collin Beebe Whaley</b>				First	Middle	Last	4. DATE OF DEATH <b>July 20, 1957</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3-31-1874</b>		9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Month <b>3</b> Day <b>19</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad Employee</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Rock Island &amp; Mo. Pac. R.R.</b>		11. BIRTHPLACE (City and state or country) <b>De Soto, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13. FATHER'S NAME <b>Zenith Whaley</b>				14. MOTHER'S MAIDEN NAME <b>Unknown</b>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Jessie E. Whaley</b> <sup>Address</sup> <b>220 W. Daugherty Carterville, Mo.</b>						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Lobar pneumonia</b> DUE TO (b) <b>Cerebro-vascular accident</b> DUE TO (c) <b>Generalized arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Possible Pyelonephritis</b>								INTERVAL BETWEEN ONSET AND DEATH <b>1-2 days.</b> <b>about 9 mo. ago.</b> <b>Undetermined</b>		
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.)								
20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a. m. <b></b> p. m. <b></b>										
20d. INJURY OCCURRED WHILE AT WORK <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 <b>July 19-57</b> to <b>July 20-57</b> and last saw <b>him</b> alive on <b>July 20-57</b> . Death occurred at <b>2:50</b> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) <b>Mabelle S. Callie M.D.</b>				22b. ADDRESS <b>Webb City, Missouri</b>		22c. DATE SIGNED <b>7-22-57</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-22-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Webb City Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Webb City, Mo.</b>					
24. FUNERAL DIRECTOR <b>Johnston-Arnice-Simpson</b> Webb City, Mo.				25. DATE RECD. BY LOCAL REG. <b>7-24-1957</b>		26. REGISTRAR'S SIGNATURE <b>Dove Merriam</b>				

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

County File Number UL-29195/ST-10  
Date Filed \_\_\_\_\_

**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 Jack C. Simpson

Licensed Embalmer No. 464

P. O. Address Webb City

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.