

FILED AUG 16 1957 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 28722

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 3041		Registrar's No. 121					
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY Macon ✓			
b. CITY (If outside corporate limits, write RURAL and give township) Macon		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Macon		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Broadway				e. STREET ADDRESS (If rural, give location) 423 Broadway				0470			
3. NAME OF DECEASED (Type or Print) Joe		a. (First)		b. (Middle) Green		c. (Last) Whiles		4. DATE OF DEATH (Month) (Day) (Year) July 2, 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar 27, 1874		9. AGE (In years last birthday) 83			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY carpenter		11. BIRTHPLACE (City and State or Foreign Country) Macon County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A					
13a. FATHER'S NAME John G. Whiles			13b. MOTHER'S MAIDEN NAME Ersla J. Rainey			14. NAME OF HUSBAND OR WIFE Mrs. Lulu Whiles					
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. 491-14-3514		17. INFORMANT'S SIGNATURE OR NAME Vernon Whiles, Effingham Ill.						ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Uremia</u>				10 days			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardio-Vascular-Renal disease</u>				10 yrs.			
				DUE TO (c)							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Senile Mental deterioration</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		2	
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)		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 <u>1953</u> to <u>July 2</u> , 1957, that I last saw the deceased alive on <u>July 2, 1957</u> and that death occurred at <u>3:42</u> m. from the causes and on the date stated above.											
23a. SIGNATURE <u>James E. Campbell M.D.</u>						23b. ADDRESS <u>Macon, Mo</u>			23c. DATE SIGNED <u>7/12/57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 3, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clarence, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>8/5/57</u>		REGISTRAR'S SIGNATURE <u>Paul Mueely</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Lester Bram</u>		ADDRESS <u>Macon, Mo.</u>			

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

Date Filed 01/18/17

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 *Howard F. Myers*

Licensed Embalmer No. *2404*

P. O. Address *Macon*

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.