

Dr. Lanning
FILED JAN 16 1958

STANDARD CERTIFICATE OF DEATH

17440
STATE FILE NUMBER
REG. NO. 1577
REGISTRAR'S NO.

Registration District No. 209 Primary Registration District No. 3043

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Hannibal		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) RFD #3		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Murt A. Whitley, Sr.				4. DATE OF DEATH Month Day Year 12/31/1957					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 10/26/1874		9. AGE (In years last birthday) 83 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer (Retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) New Canton, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Willis Whitley			13b. MOTHER'S MAIDEN NAME Ida Ward			14. NAME OF HUSBAND OR WIFE Viola Whitley			
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.		17. INFORMANT Address Mrs. Viola Whitley, RFD #3, Hannibal					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis							INTERVAL BETWEEN ONSET AND DEATH 2 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Uremia							2 days		
DUE TO (c) Acute Coronary Infarct							1 day		
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201						
20c. TIME OF INJURY Hour Month, Day, Year 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 12/30/57 to 12/31/57 and last saw her/him alive on 12/31/57 Death occurred at 6:00 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Robert Lanning</i> (Degree or title)				22b. ADDRESS 115 N. 5th St. Hannibal, Missouri			22c. DATE SIGNED 1/7/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/3/1958		23c. NAME OF CEMETERY OR CREMATORY Marbel Creek Cemetery		23d. LOCATION (City, town, or county) (State) Ralls County, Mo			
24. FUNERAL DIRECTOR H. M. O'Donnell, Hannibal, Mo.				25. DATE RECD. BY LOCAL REG. 1-13-58		26. REGISTRAR'S SIGNATURE <i>Dr. E. M. Lucke</i>			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

89
0

RECEIVED JAN 14 1958
MARION CO. HEALTH DEPT.
DATE FILED JAN 14 1958

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

Licensed Embalmer No. 3889.....

P. O. Address Hannibal, Mo....

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.