

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013905
STATE FILE NUMBER

FILED APR 28 1958

Registration District No. 128 Primary Registration District No. 2002 Registrar's No. 419

300
1-57 3

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE. (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE <u>0396</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SPRINGFIELD		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>10</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. BURGE HOSP.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 1718 N. CLAY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARY Middle Last WHALEN			4. DATE OF DEATH Month APRIL Day 19 Year 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 18 1889	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) SPRINGFIELD, MO. 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME FRANCIS J. COINS		13b. MOTHER'S MAIDEN NAME MARY AGNES GREEN		14. NAME OF HUSBAND OR WIFE RICHARD F. WHALEN (DEC.)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NO	17. INFORMANT TOM COINS Address PITTSBURG, KANSAS		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Probable Head and Chest (Internal) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) See dot Injuries DUE TO (c) 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 ?
20a. ACCIDENT <input checked="" 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) Two car accident on East Sumner Street Road. East of Springfield, Missouri. This is in Greene County Mo.			
20c. TIME OF INJURY Hour 11:30 Month Apr Day 19 Year 1958		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) COUNTY ROAD			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION E. of Springfield		COUNTY Greene STATE Missouri	
21. I attended the deceased from 11:30 a.m. to 11:30 a.m. and last saw her alive on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Effie B. Melton (Degree or title) Green County Coroner 3			22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 20 April 58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4/22/58	23c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEMETERY		23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.
24. FUNERAL DIRECTOR H.H. LOHMEYER		ADDRESS SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 4-22-58	26. REGISTRAR'S SIGNATURE Effie B. Melton

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Secretary, coroner, etc., must use only standard manufacturers' material: No symptoms were related. All diseases in Part I must be causally related.

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 *W. M. Cannon*

Licensed Embalmer No. *27317*

P. O. Address *Springfield, 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.