

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032190  
STATE FILE NUMBER

FILED OCT 14 1958

Registration District No. 96 Primary Registration District No. 5350 Registrar's No. 55

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Dallas</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Urban 2</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Urban 2</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <u>2 1/2 time</u>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>HOMER BRADLEY Whillock</u>			4. DATE OF DEATH Month Day Year <u>Oct-6-1958</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan-16-1886</u>	9. AGE (In years last birthday) <u>72</u>	10. UNDER 1 YEAR Months Days <u>8 20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER.</u>	11. BIRTHPLACE (City and state or country) <u>Dallas Co, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>E. J. Whillock</u>		13b. MOTHER'S MAIDEN NAME <u>Rosetta Bower</u>		14. NAME OF HUSBAND OR WIFE <u>OSA Whillock</u>	
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.		17. INFORMANT Address <u>4201</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Vascular Sclerosis</u> DUE TO (c) <u>Cerebral Thrombus Two years ago</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u> <u>several years</u>
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 <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 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 <u>July 1955</u> to <u>Oct. 6-1958</u> and last saw <sup>her</sup> him alive on <u>Oct. 6" 1958</u> Death occurred at <u>Oct. 6" 1958 - 8 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>H. Kowert, M.D.</u>			22b. ADDRESS <u>Urban 2 Mo.</u>		22c. DATE SIGNED <u>10-10-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>10-9-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bower Chapel cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Dallas Co MO</u>
24. FUNERAL DIRECTOR <u>Allen W. Vaughan, Urban 2 Mo</u>			25. DATE RECD. BY LOCAL REG. <u>10/13/57</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Vera Petree</u> <u>Reg Reg</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 *Allen W. Vaughan* .....

Licensed Embalmer No. *4156*.....

P. O. Address *Habersham, Md*.....

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.