

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035641

STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 43 Primary Registration District No. 3029 Registrar's No. 611

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		c. CITY OR TOWN <b>Fredericktown</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>		d. STREET ADDRESS <b>410 Marshall</b>	
Length of stay in hospital <b>2 wks.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>Bert</b> Last <b>Whitener</b>			4. DATE OF DEATH Month <b>October</b> Day <b>12</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 2, 1879</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>10</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Madison County, Missouri</b>	
13. FATHER'S NAME <b>P.G. Whitener</b>			14. MOTHER'S MAIDEN NAME <b>Mary Clifton</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. <b>None</b>		17. INFORMANT <b>Norman G. Whitener - Fredericktown, 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>Cardiac decompensation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 mo</b>
DUE TO (b) <b>Arrhythmia &amp; fibrillation</b>		
DUE TO (c) <b>4331</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Nephritis, Arteriosclerosis</b>		
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 <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 <b>Fredericktown</b> COUNTY <b>Butler</b> STATE <b>Missouri</b>

21. I attended the deceased from <b>16 July 58</b> to <b>12 Oct 58</b> and last saw him alive on <b>12 Oct 58</b> Death occurred at <b>2:46</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>MD</b>	22b. ADDRESS <b>321 Oak Poplar Bluff</b>	22c. DATE SIGNED <b>20 Oct 58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 14, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Pisgah cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Madison County, Missouri</b>
24. FUNERAL DIRECTOR <b>[Signature]</b> ADDRESS <b>Fredericktown, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>10/25/58</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare Public Service  
 300 1-56  
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

OCT 28 1958

BUTLER CO. HEALTH OFFICE

FILE No.

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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 Raymond B. Wilson

Licensed Embalmer No. 488

P. O. Address Fredonia

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.