

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038752

STATE FILE NUMBER

FILED NOV 17 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 347

300  
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. No symptoms will be listed.

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scotland</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkville</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Memphis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Community Home # 1</b>		Length of stay in 1b <b>6 Months</b>	d. STREET ADDRESS (If outside, give location) <b>094</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Mark Wilbur Whitney</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>6</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 type="checkbox"/> <b>2 DIVORCED <input checked="" type="checkbox"/></b>	8. DATE OF BIRTH <b>April 14, 1887</b>
9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Keosauqua, Iowa</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Mark Whitney</b>	13b. MOTHER'S MAIDEN NAME <b>Marie Stanard</b>
14. NAME OF HUSBAND OR WIFE <b>none</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <b>189-26-0961</b>
17. INFORMANT Address <b>Lewis E. Whitney Fairfield, Iowa</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>Cardiovascular Collapse</b> DUE TO (b) <b>Acute Viral Pneumonia</b> DUE TO (c) <b>Paralysis Agilans</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Paralysis Agilans</b>	
19. INTERVAL BETWEEN ONSET AND DEATH <b>hours</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.) <b>492X</b>		
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 Death occurred at <b>9-29-58</b> to <b>Nov. 6, 1958</b> and last saw him alive on <b>Nov. 6, 1958</b> at <b>5:40</b> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Do not use title) <b>George H. Scheurer, D.O.</b>		22b. ADDRESS <b>Kirkville</b>	22c. DATE SIGNED <b>11-8-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 9, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Purdum Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Keosauqua, Iowa</b>
24. FUNERAL DIRECTOR ADDRESS <b>Guthrie Baskett Memphis MO</b>		25. DATE RECD. BY LOCAL REG. <b>11-8-1958</b>	26. REGISTRAR'S SIGNATURE <b>Doris W. Ratliff</b>

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 *Albert C Gurtz* .....

Licensed Embalmer No. *4257* .....

P. O. Address *Memphis* .....

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.