

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039098

STATE FILE NUMBER

FILED DEC 1 1958

Registration District No. 46

Primary Registration District No. 5154

Registrar's No. 71

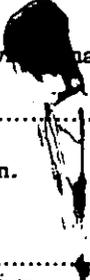
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Caldwell</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Caldwell</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Mirabel</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Mirabel</i> 0130 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>		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 <i>Earl David Whitsett</i>			4. DATE OF DEATH Month Day Year <i>Nov. 19 1958</i>
5. SEX <i>M.</i>	6. COLOR OR RACE <i>Wh</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Mar. 4 - 1939</i>
9. AGE (In years last birthday) <i>19</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Not employed</i>	11. BIRTHPLACE (City and state or country) <i>Mirabel Caldwell Mo</i>
13a. FATHER'S NAME <i>Ronald Whitsett</i>		13b. MOTHER'S MAIDEN NAME <i>Ella May Davidson</i>	12. CITIZEN OF WHAT COUNTRY? <i>Mo</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>4</i>	17. INFORMANT Address <i>Ronald Whitsett Mirabel Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypostatic Pneumonia</i> DUE TO (b) <i>Degenerative Diseases of Brain</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>355 X</i>			INTERVAL BETWEEN ONSET AND DEATH <i>12 hrs.</i> <i>3 yrs</i>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		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 _____, to _____ and last saw <sup>her</sup> <sub>him</sub> alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Herbert R Brock</i> (Degree title) <i>MD</i>		22b. ADDRESS <i>Hamilton Mo</i>	
		22c. DATE SIGNED <i>11/21/58</i>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE <i>11-23-1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Mirabel Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Mirabel Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Alsbaugh + Cowley Polo Mo</i>		25. DATE RECD. BY LOCAL REG. <i>11-24-58</i>	
		26. REGISTRAR'S SIGNATURE <i>Glady's Jones</i>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body of  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. 4924 .....  
P. O. Address Polo, 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.