Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-039439
STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. 108 Primary Registration District No. 5423 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY OR TOWN Salem Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1 miles "N" of Arbyrd — Length of stay in 1b —

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dunklin
c. CITY OR TOWN Kennett — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 0352 (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Grover Middle Cleveland Last Whitlock
4. DATE OF DEATH Month Dec Day 4 Year 1958
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH June 17, 1891
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months 3 Days 17 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Senath, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Whitlock
13b. MOTHER'S MAIDEN NAME Martha Puckell
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Charles Whitlock — Address Poplar Bluff, Mo.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) (Auto accident) - trauma
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Auto
DUE TO (c)

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 ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Struck by Auto while walking
20c. TIME OF INJURY Hour — Month, Day, Year Dec 4 58
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION 035 COUNTY STATE

21. I attended the deceased from Never, to — and last saw her/him alive on Never
Death occurred at — m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.D. — 22b. ADDRESS Caruthersville, Mo — 22c. DATE SIGNED 10 Dec 58

23a. BURIAL, CREMATION, REMOVAL (specify) Burial — 23b. DATE Dec 6, 1958 — 23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery — 23d. LOCATION (City, town, or county) Kennett, Mo. (State)

24. FUNERAL DIRECTOR Howard Funeral Service — ADDRESS Leachville, Ark.
25. DATE RECD. BY LOCAL REG. 12-11-58
26. REGISTRAR'S SIGNATURE Mrs J L Lanier

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

COUNTY FILE NUMBER 1285-309

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 Monte Brimer

Licensed Embalmer No. 5032

P. O. Address Leachville, Ar

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.