Health, & Welfare Public Service

. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043049
STATE FILE NUMBER

FILED NOV 19 1958 Registration District No. 354 Primary Registration District No. 6197 Registrar's No. 77

1. PLACE OF DEATH
a. COUNTY Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Burdine twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Texas
c. CITY OR TOWN Burdine twp. Inside Limits Yes ☐ No ☒
d. STREET ADDRESS 1070 (If outside, give location) 5½ Mi. NE Cabool Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First NINA Middle ISABELLE Last WHETSTINE
4. DATE OF DEATH Month Nov. Day 9 Year 1958
5. SEX female
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Mar. 5, 1878
9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Erin, Tenn.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME Harriett ---------
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 Everett Whetstine, Address Cabool, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200
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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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 COUNTY STATE

21. I attended the deceased from 1953, to Nov 4 1958 and last saw ~~him~~ her alive on Nov 4 1958
Death occurred at 1:40 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Barnett Hogg (Degree or title)
22b. ADDRESS Cabool Mo
22c. DATE SIGNED 11/10/58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 11-11-58
23c. NAME OF CEMETERY OR CREMATORY Cabool Cemetery
23d. LOCATION (City, town, or county) (State) Cabool, Missouri

24. FUNERAL DIRECTOR ADDRESS Elliott-Gentry, Cabool, Missouri
25. DATE RECD. BY LOCAL REG. 11-11-58
26. REGISTRAR'S SIGNATURE Barnell Cunningham

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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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 James Gentry

Licensed Embalmer No. 478

P. O. Address Cabool, 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.