

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043197

STATE FILE NUMBER

FILED JAN 5 1958

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 89

300
-57

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|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Barry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cassville | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Cassville |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hosp. | | Length of stay in 1b 2 wks. | d. STREET ADDRESS (If outside, give location) 1404 Townsend |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|-------------------------------|---|---|--|
| 3. NAME OF DECEASED (Type or print) First Mattie Middle Myrtle Last Whitlow | | | 4. DATE OF DEATH Month Dec. Day 20 Year 1958 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 21, 1889 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY home | 11. BIRTHPLACE (City and state or country) Cooper County, Mo. | |
| 13a. FATHER'S NAME John Parks | | 13b. MOTHER'S MAIDEN NAME Janie Trout | | 14. NAME OF HUSBAND OR WIFE Dorsey J. Whitlow |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Mrs. Loraine Shrum-Cassville, Mo. |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Embolus | | INTERVAL BETWEEN ONSET AND DEATH 12 hours 15 years |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Essential Hypertension | |
| | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201 | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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|---|--|--|--------------|
| 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 _____ 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 |

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|---|---------------------------------------|
| 21. I attended the deceased from Aug 10 - 1947 to Dec. 20 - 1958 and last saw her alive on Dec. 20 - 1958 Death occurred at 3:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Degree or title) Leola McDonald M.D. | 22b. ADDRESS Cassville, Mo. |
| 22c. DATE SIGNED 12-21-58 | |

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|--|--------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE 12-24-1958 | 23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery | 23d. LOCATION (City, town, or county) (State) Galena, Kansas |
| 24. FUNERAL DIRECTOR ADDRESS Culver's Cassville, Mo. | | 25. DATE RECD. BY LOCAL REG. 12-23-58 | 26. REGISTRAR'S SIGNATURE Mary McDonald, deputy |

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1258-252

DATE REC. 12-30-58

6561 9 JAN 1959

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 Paul D. Humbert

Licensed Embalmer No. 4574
P. O. Address Cassville, 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.