

Health,
& Welfare
Public
Service

XC-1187 756
SL 17812

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046506

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12040

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>915 N. GRAND, ST. LOUIS, MO.</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>CARBONDALE</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VET. ADM. HOSPITAL</u>	Length of stay in lb <u>94 days</u>	d. STREET ADDRESS <u>703 S. WALL ST.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>DANIEL</u>	Middle <u>W.</u>	Last <u>WHITTENBERG</u>	4. DATE OF DEATH Month Day Year <u>DECEMBER 13, 1958</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>3</u> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>3/22/97</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONSTRUCTION LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>VIENNA, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>WILLIAM H. WHITTENBERG</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISE RAGINS</u>	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give way or dates of service) <u>YES</u> <u>WW-1</u>	16. SOCIAL SECURITY NO. <u>494-01-0862</u>	17. INFORMANT Address <u>VA HOSP. RECORDS, ST. LOUIS, MO.</u>
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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) <u>CARCINOMA OF RIGHT BRONCHUS WITH WIDESPREAD METASTASES</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1 Year</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>BRONCHOPNEUMONIA LOWER LOBES</u>	<u>UNKNOWN</u>
DUE TO (c) <u>1621A</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ACTIVE PULMONARY TUBERCULOSIS</u>		19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour 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. attended the deceased from <u>9/10/58</u> to <u>12/13/58</u> and last saw ^{him} alive on <u>12/13/58</u> Death occurred at <u>2:50 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Bertram W. Justus</u> (Print name or title) <u>M.D.</u>	22b. ADDRESS <u>VAH, ST. LOUIS, MO.</u>	22c. DATE SIGNED <u>12/13/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/15/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	23d. LOCATION (City, town, or county) <u>Carbondale</u> (State) <u>Illinois</u>
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24. FUNERAL DIRECTOR <u>John J. Kasey</u> ADDRESS <u>East St. Louis, Ill.</u>	25. DATE RECD. BY LOCAL REG. <u>DEC 15 '58</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> <u>m & B</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Not Embalmed....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John Massey.....

Licensed Embalmer No. 6050-EE

P. O. Address Box 44, Lenoir, N.C.

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.