

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007780

STATE FILE NUMBER

2 1310

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Chronic Hosp.** Length of stay in 1b **23 days**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY _____
c. CITY OR TOWN **St. Louis** Inside Limits Yes No
d. STREET ADDRESS **3002 N. Prairie** (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last Logan Whipkey
4. DATE OF DEATH Month Day Year Feb. 6, 1959

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH **Nov. 28, 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) **Stationary Fireman-City** 10b. KIND OF BUSINESS OR INDUSTRY **Murphysboro, Ill.** 11. BIRTHPLACE (City and state or country) **Murphysboro, Ill** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Edward Whipkey** 13b. MOTHER'S MAIDEN NAME **Florence (Unknown)** 14. NAME OF HUSBAND OR WIFE **Lucy (deceased)**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT **John Whipkey (Son)** Address **Murphysboro, Illinois**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Anterior Myocardial Infarction** INTERVAL BETWEEN ONSET AND DEATH **2 1/2 hrs.**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **Arteriosclerotic Heart Disease** **3 wks.**
DUE TO (c) **Generalized Arteriosclerosis** **3 wks.**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Middle Cerebral Artery Thrombosis - rt. - 3 wks.**

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.) **4200**

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

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 **Jan. 14, 1959** to **Feb. 6, 1959** and last saw ^{her}him alive on **Feb. 6, 1959**
Death occurred at **11:15 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **John W. Beckham, M.D.** 22b. ADDRESS **5800 Arsenal** 22c. DATE SIGNED **2/7/59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **2-9-59** 23c. NAME OF CEMETERY OR CREMATORY **Boucher Cemetery** 23d. LOCATION (City, town, or county) (State) **Murphysboro, Illinois**

24. FUNERAL DIRECTOR **John J. Kassly** ADDRESS **E. St. Louis, Illinois** 25. DATE RECD. BY LOCAL REG. **FEB 7 '59** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Mr. Embalsmer, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Bud Embalsmer

Licensed Embalmer No.

P. O. Address

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.