

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021043  
STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 713

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Springfield</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Spfd. Baptist Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>1137 S. Broadway</b>	
Length of stay in lb <b>30 years</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>PEARLE</b> Middle <b>WHIPPLE</b> Last			4. DATE OF DEATH Month <b>June</b> Day <b>28</b> Year <b>1959</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>November 4, 1888</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Scott County, Ark.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>O.D. Bittick</b>	13b. MOTHER'S MAIDEN NAME <b>Arabelle Lee</b>	14. NAME OF HUSBAND OR WIFE <b>Fred Whipple</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>----</b>	17. INFORMANT <b>Fred Whipple, 1137 S. Broadway Avenue, Springfield, Missouri.</b>
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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) <b>Left Temporal lobe of brain infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 mos.</b>
DUE TO (b) <b>Left posterior cerebral artery thrombosis + more</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)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.) <b>332X</b>
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20c. TIME OF INJURY Hour <b>9:05</b> Month <b>April</b> Day <b>14</b> Year <b>1959</b> 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.) <b>5 April 1959</b>	20f. CITY, TOWN, OR LOCATION <b>Springfield, Mo</b>	COUNTY <b>Greene</b>	STATE <b>Missouri</b>
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21. I attended the deceased from Death occurred at <b>9:05 P.M.</b>	to <b>28 June 1959</b>	and last seen alive on <b>28 June 1959</b>
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22a. SIGNATURE (Deceased or title) <b>Francis M. Maple MD</b>	22b. ADDRESS <b>Springfield, Mo</b>	22c. DATE SIGNED <b>28 June 1959</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-1-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>White Chapel</b>	23d. LOCATION (City, town, or county) (State) <b>Springfield, Mo</b>
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24. FUNERAL DIRECTOR <b>Ralph Thieme, Springfield, Missouri.</b>	25. DATE RECD. BY LOCAL REG. <b>6-30-59</b>	26. REGISTRAR'S SIGNATURE <b>Ebbie E. Melton</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Harold Futrell....., Student Embalmer No. 571.....

working under my personal supervision.

Student Harold Futrell  
Signature of Student Embalmer

Signed Le Mason.....

Licensed Embalmer No. 4562.....

P. O. Address Springfield.....

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.