

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021045  
STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 579c

1. PLACE OF DEATH a. COUNTY <b>Green County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Green</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield Mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Rogersville, Mo</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Baptist Hospital</b>		Length of stay in 1b <b>2hrs</b>	d. STREET (If outside, give location) ADDRESS <b>Rogersville, Mo Rt 2</b>

3. NAME OF DECEASED (Type or print) First <b>Jesse</b> Middle <b>Frank</b> Last <b>Whittington</b>			4. DATE OF DEATH Month <b>June</b> Day <b>II</b> Year <b>1959</b>		
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5. SEX <b>Male</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>Jan, 13, 1895</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Christian, Co, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
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13a. FATHER'S NAME <b>Wm A Whittington</b>	13b. MOTHER'S MAIDEN NAME <b>Emma Stine</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs Ella E Whittington</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Rogersville</b> <b>Mrs Ella E Whittington, Mo, Rt # 2</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>arteriosclerotic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>undet.</b>
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) <b>4200</b>		19. WAS AUTOPSY PERFORMED? YES <input 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.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	

20d. INJURY OCCURRED WHILE AT WORK <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 <b>Christian</b>	COUNTY <b>Mo</b>	STATE
21. I attended the deceased from <b>6/11/59</b> to <b>6/11/59</b> and last saw her alive on <b>6/11/59</b> . Death occurred at <b>3:30 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.				
SIGNATURE <b>Thomas E. Cochran, M.D.</b> (Degree or title)		22b. ADDRESS <b>Springfield Mo.</b>	22c. DATE SIGNED <b>6/14/59</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-14-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hopedale Cemetry</b>	23d. LOCATION (City, town, or county) <b>Christian</b>	(State) <b>Mo</b>
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24. FUNERAL DIRECTOR <b>T. B. Chaffin</b>	ADDRESS <b>Ozark Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>6-16-59</b>	26. REGISTRAR'S SIGNATURE <b>Effie E. Mellon</b>
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(Licensed Embalmer's Statement on Reverse Side)

Thomas E Cochran, M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *T. B. Chaffin* .....

Licensed Embalmer No. *2190* .....

P. O. Address... *Ozark, 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.