

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039584

FILED VS NOV 3 0 1959

Registration District No. 113 Primary Registration District No. 4185 Registrar's No. 26

STATE FILE NUMBER

RENDERED

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Clair, Mo.</b>		Length of stay in 1b		c. CITY OR TOWN <b>St. Clair,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>at Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>at Home</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Wesley</b> Middle <b>James</b> Last <b>Whitley</b>				4. DATE OF DEATH Month <b>Nov.</b> Day <b>19</b> Year <b>1959</b>					
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>May 27, 1911</b>	9. AGE (last birthday) <b>48</b>	IF UNDER 1 YEAR Month <b>7</b> Days <b>6</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lumber Yard</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>General work</b>		11. BIRTHPLACE (City and state or country) <b>Douglas County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		
13a. FATHER'S NAME <b>Wallace Whitley</b>			13b. MOTHER'S MAIDEN NAME <b>Rose Gay</b>			14. NAME OF HUSBAND OR WIFE <b>Mary Whitley</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Navy 1944</b>			16. SOCIAL SECURITY NO. <b>488-1668614</b>		17. INFORMANT <b>Mary Whitley St. Clair, Mo.</b>				
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>INOPERABLE CARCINOMA OF LUNG WITH METASTASES TO NECK AND LIVER</b>							INTERVAL BETWEEN ONSET AND DEATH <b>2 YEARS</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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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. Month, Day, Year _____									
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		COUNTY		STATE	
21. I attended the deceased from <b>NOV. 4, 1959</b> to <b>NOV. 11, 1959</b> and last saw <sup>her</sup> / <sub>him</sub> alive on <b>NOV. 11, 1959</b>				Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>FR Bradley</b>			(Degree or title) <b>M. D.</b>		22b. ADDRESS <b>BARNES HOSPITAL</b>		22c. DATE SIGNED <b>11/19/59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 21, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mount Zion Cem.</b>		23d. LOCATION (City, town, or county) <b>St. Clair, Missouri</b>					
24. FUNERAL DIRECTOR <b>Shannon W. Mitchell St. Clair, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>Nov 21 - 59</b>		26. REGISTRAR'S SIGNATURE <b>Charles Smith Dpt</b>				

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Herward B. Mitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, 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.