URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 16 1960

60-012082

STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. ~~277~~ 4411 Registrar's No. 11

ENDED

1. PLACE OF DEATH
a. COUNTY BOWLING GREEN PIKE CO
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BOWLING GREEN — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 515 HANSON ST — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY HOWARD
c. CITY OR TOWN FAYETTE — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 604 WALNUT — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First BERTIE Middle WHITLOW Last
4. DATE OF DEATH Month 3 Day 8 Year 1960
5. SEX F
6. COLOR OR RACE N
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH JULY 1883
9. AGE (last birthday) 77 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Rest Home
11. BIRTHPLACE (City and state or country) FAYETTE, MO. HOWARD Co.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE ARCH WHITLOW
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 49124 1708A
17. INFORMANT Minnie Hobbs Address Bowling Green, Mo 515 Hanson

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Possible Cancer
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. ☐ Yes ☐ No ☐ Unknown

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.) —
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year —
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 —, to — and last saw her ~~him~~ ~~alive~~ dead on March 8
Death occurred at 7P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. O. Mudd Coroner
22b. ADDRESS Bowling Green Mo.
22c. DATE SIGNED 3-9-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 3-9-60
23c. NAME OF CEMETERY OR CREMATORY CALVERY
23d. LOCATION (City, town, or county) Columbia (State) Mo.
24. FUNERAL DIRECTOR STUART PARKER ADDRESS COLUMBIA, MO.
25. DATE RECD. BY LOCAL REG. 3-12-60
26. REGISTRAR'S SIGNATURE Bill Robinson

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

MAR 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ will be embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed George Crammell

Licensed Embalmer No. 4425

P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.