

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-017661

FILED VS MAY 6 1960

317

Primary Registration District No.

541

Registrar's No.

1214

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON		Length of stay in 1b D.O.A.		c. CITY OR TOWN MEHLVILLE		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST LOUIS COUNTY HOSPITAL			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) NO 1 WHITENER LA.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES FREDERICK WHITENER				4. DATE OF DEATH Month Day Year APR - 10 - 1960					
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH APR - 14 - 1885	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED OPERATOR RAIL ROAD			10b. KIND OF BUSINESS OR INDUSTRY RAIL ROAD		11. BIRTHPLACE (City and state or country) MARSHAND, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME NEWTON WHITENER			13b. MOTHER'S MAIDEN NAME SOPHIA WHITENER		14. NAME OF HUSBAND OR WIFE JOSIE WHITENER				
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 Address JOSIE WHITENER 181 WHITENER LA. MEHLVILLE MO					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of head							INTERVAL BETWEEN ONSET AND DEATH		
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? partial	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self inflicted gunshot wound of head					
20c. TIME OF INJURY Hour 9:30 Month, Day, Year 4/10/60 X <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) exterior home premises		20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY STATE Missouri	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Raymond L. Harrod</i> (Degree or title) Coroner Clayton, Mo.				22b. ADDRESS		22c. DATE SIGNED 4/23/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE APRIL-13-1960	23c. NAME OF CEMETERY OR CREMATORY ODD FELLOWS Cem.		23d. LOCATION (City, town, or county) (State) FREDERICKTOWN, Mo				
24. FUNERAL DIRECTOR Fey Funeral Home, MEHLVILLE, Mo				25. DATE RECD. BY LOCAL REG. APR 12 1960		26. REGISTRAR'S SIGNATURE <i>John C. Murphy</i>			

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 Herbert J. Lane Jr.

Licensed Embalmer No. 4800

P. O. Address Pikwaup

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.