

FILED IN OCT 31 1960

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

-60-038848  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <b>Knox</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Knox</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Baring</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Baring</b>	
c. LENGTH OF STAY (in this place) <b>Lifetime</b>		d. STREET ADDRESS (If rural, give location) <b>0520-</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>90</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alice</b>		b. (Middle) <b>Elizabeth</b>		c. (Last) <b>Whalen</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 23 1960</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 6, 1887</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months	IF UNDER 12 WKS. Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (State or foreign country) <b>Baring Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>John Doyle</b>		13b. MOTHER'S MAIDEN NAME <b>Hanna McGraw</b>		14. NAME OF HUSBAND OR WIFE <b>Ambrose Whalen</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>486-38-7376</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Frances Doyle Baring, Missouri</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Accident. Cerebral Hemorrhage (40 days)</b>			INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Hypertensive Vascular disease of brain</b>			9000	
		DUE TO (c) <b>Puffing of vessels in brain</b>			21	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>052 Baring, Knox Mo.</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Sep-13, 1960 9m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Went down on flight of stairs in wheel chair.</b>	
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22. I hereby certify that I attended the deceased from **Sep-13, 1960** to **Oct-23, 1960**, that I last saw the deceased alive on **Oct-23, 1960**, and that death occurred at **5:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. Dennis D.O.</b>		23b. ADDRESS <b>Baring, Mo</b>		23c. DATE SIGNED <b>Oct-25-60</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 26, 1960</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Aloysius Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Baring, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>Oct-26-60</b>		REGISTRAR'S SIGNATURE <b>Nellie L. Hummel</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser Bros. Edina, Missouri</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed Paul C. Kriegshauser

Licensed Embalmer No. 4085

P. O. Address Edina, 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 this body is not embalmed, fact should be so stated above.