

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-024072

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

38 Primary Registration District No. 3906 Registrar's No. 445

STATE FILE NUMBER

AMENDED

Registration District No. **38**
 FILED JUL 24 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Boone		b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		a. STATE Missouri		b. COUNTY Pettis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Medical Center, Mu.		Length of stay in 1b 22 days		c. CITY OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 1802 1/2 E 5th		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year	
First Middle Last Mary ANN Whalen			7 14 1961				
5. SEX F	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 6-15-34	9. AGE (last birthday) 27	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) Cole Camp, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Clarence Moellman			13b. MOTHER'S MAIDEN NAME Goldia Schankenberg		13c. NAME OF HUSBAND OR WIFE George Whalen		
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. -		17. INFORMANT Hospital Records, Medical Center		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Renal failure						4 weeks	
DUE TO (b) Thrombotic thrombocytopenia						4 weeks	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 June 22, 1961 to July 14, 1961 and last saw her alive on 11:15 AM July 14 Death occurred at 11:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Robert W Moellhoff M.D.				22b. ADDRESS Univ. of Mo. Med. Center Columbia		22c. DATE SIGNED July 14, 1961	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-15-1961		23c. NAME OF CEMETERY OR CREMATORY COLE CAMP, MISSOURI		23d. LOCATION (City, town, or county) (State) COLE CAMP, MISSOURI	
24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo		ADDRESS		25. DATE RECD. BY LOCAL REG. July 15 1961		26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer	

DATE AMENDED

INSTEAD OF DOCUMENT

BY AFFIDAVIT OF SHOULD READ

MEDICAL CERTIFICATION

JUL 25 1961

APR 6 1962

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

J W Phillips

Licensed Embalmer No. 4897

P. O. Address Columbus

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.