

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025960

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. \_\_\_\_\_ Registrar's No. 127

AMENDED

FILED AUG 1 1961

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hudson Township, Transit</u>		c. CITY OR TOWN <u>Fayette</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hwy. 36 East</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. 2, Fayette</u>	

3. NAME OF DECEASED (Type or print) First <u>Delbert</u> Middle <u>Leroy</u> Last <u>Whitmarsh</u>			4. DATE OF DEATH Month <u>July</u> Day <u>29</u> Year <u>1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/9/1934</u>	9. AGE (last birthday) <u>27</u>	IF UNDER 1 YEAR Months _____ Days _____	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Heavy Machine Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rock Quarry</u>		11. BIRTHPLACE (City and state or country) <u>Columbia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alfred Whitmarsh</u>			13b. MOTHER'S MAIDEN NAME <u>Laura Belle Calvert</u>			14. NAME OF HUSBAND OR WIFE <u>Not Married.</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT <u>Laura B. Whitmarsh</u>		Address <u>Fayette Mo.</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Concussion &amp; Cord Damage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u>
DUE TO (b) <u>Fractured 4,546 Cerv. Vert.</u>			
DUE TO (c) <u>Auto Accident</u>			

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			
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>Auto hit bridge rail</u>			
20c. TIME OF INJURY Hour <u>11:20</u> p.m. Month, Day, Year <u>7/29/61</u>							

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.) <u>Hwy 36 Macon, Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>Macon, Mo.</u>		COUNTY _____ STATE _____	
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.  
Death occurred at App. 11:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Claude G. Blomberg Sheriff &amp; Acting Coroner</u>			22b. ADDRESS <u>Macon Mo.</u>			22c. DATE SIGNED _____	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug 2, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>	
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24. FUNERAL DIRECTOR <u>Lester Hutton</u>		ADDRESS <u>Macon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7/29/61</u>		26. REGISTRAR'S SIGNATURE <u>Cliff McNeely</u>	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF  
 ITEM NO.

1961 SEP 6

**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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macaw 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.