

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024250

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 995 Primary Registration District No. 4443 Registrar's No. 116

FILED JUN 19 1962

VS 300
Rev. 4/59

6880
2887

3

4 0

5 2

6

7 1

8 0

9/62.1

10

11

12 86-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | | | |
|---|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Randolph | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Huntsville | | Length of stay in lb 1 Week | | c. CITY OR TOWN Moberly Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Winkler Nursing Home | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 523 Morehead St. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First JACK Middle FORREST Last RALPH WHATELY | | | 4. DATE OF DEATH Month JUNE Day 8 Year 1962 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11-17-1895 | 9. AGE (last birthday) 66 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Shelbyville, Illinois | |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME John Edward Whately | | 13b. MOTHER'S MAIDEN NAME Clara Ellen Gordon | |
| 14. NAME OF HUSBAND OR WIFE Jack F. R. Whately, Jr. Kansas City, Mo. | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia pathology cause unknown manifested by dense about 6 cm. lesion base of lung and of pleural surface. Suspect tuberculous caseant. DUE TO (b) unknown DUE TO (c) unknown | | | | | |
| 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? YES <input 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 May 5 1962 to death and last saw him alive on May 29, 1962 Death occurred at 4:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Clarence Closter | | | 22b. ADDRESS 317 Virginia Moberly Mo. | | 22c. DATE SIGNED June 9 1962 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 6-10-1962 | | 23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Gardens | |
| 23d. LOCATION (City, town, or county) Moberly | | 23e. STATE Mo. | | 23f. REGISTRATION DISTRICT | |
| 24. FUNERAL DIRECTOR Mahan Funeral Service | | ADDRESS Moberly | | 25. DATE RECD. BY LOCAL REG. 6-16-62 | |
| 26. REGISTRAR'S SIGNATURE Odonna Patterson | | | | | |

USE BLACK INK OR TYPEWRITER RIBBON

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 John A. Gales

Licensed Embalmer No. 3815

P. O. Address Moberly, 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.