

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001308

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 35

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>FILED FEB 4 1963</b>	
<b>1. PLACE OF DEATH</b> a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u> Length of stay in lb <u>1 day</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> c. CITY OR TOWN <u>Centerville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>R.F.D.</u> Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Henry</u> Middle <u>Shelby</u> Last <u>McWhirt</u>	
<b>4. DATE OF DEATH</b> Month <u>Jan</u> Day <u>28</u> Year <u>1963</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>
<b>7. Married</b> <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>1/28/63</u>
<b>9. AGE (last birthday)</b> <u>0</u> IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR <u>2</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>x</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>x</u>
<b>11. BIRTHPLACE</b> (City and state or country) <u>Clinton, Missouri</u>	
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Donald McWhirt</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah Masley</u>
<b>14. NAME OF HUSBAND OR WIFE</b> <u>x</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of <u>x</u> )	
<b>16. SOCIAL SECURITY NO.</b>	
<b>17. INFORMANT</b> <u>Donald McWhirt, Centerville, Missouri</u> Address	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary atelectasis</u> INTERVAL BETWEEN ONSET AND DEATH <u>see of life (1 hr 14 min)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
<b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a) <u>None</u>	
<b>PART III. If deceased was female was there a pregnancy in last 90 days</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>
<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____	
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)
<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE	
<b>21. I attended the deceased from</b> <u>1/28/63</u> to <u>until death</u> and last saw him alive on <u>1/28/63</u> Death occurred at <u>4:50</u> P on the date stated above, and to the best of my knowledge, from the causes stated.	
<b>22a. SIGNATURE</b> <u>S. B. Hughes</u> (Degree or title) <u>M.D.</u>	<b>22b. ADDRESS</b> <u>Clinton, Missouri</u>
<b>22c. DATE SIGNED</b> <u>1/30/63</u>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>1/30/63</u>
<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Carpenter</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Chilhowee, Missouri</u>
<b>24. FUNERAL DIRECTOR</b> <u>Cook Funeral Home, Chilhowee, Mo.</u> ADDRESS	<b>25. DATE RECD. BY LOCAL REG.</b> <u>JAN 30 - 1963</u>
<b>26. REGISTRAR'S SIGNATURE</b> <u>Mildred Bigum</u>	

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 \_\_\_\_\_

*J. J. Cook*

Licensed Embalmer No. \_\_\_\_\_

*4335*

P. O. Address \_\_\_\_\_

*Chelhowee, Me*

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.

Permit obtained 1-29-63 (17.15)