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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31989

Registration District No. 254 Primary Registration District No. 6289 Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Couch Oak Grove Twsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Couch (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ida Viola Staggs Whitewell

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Andrew Whitwell

6. (c) Age of husband or wife if alive years

7. Birth date of deceased November (Month) 9 (Day) 1887 (Year)

8. AGE: Years 59 Months 5 Days - If less than one day hr. min.

9. Birthplace Oregon County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

MOTHER FATHER

12. Name Joe Staggs

13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name Nancy Cole

15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Cora Hayes

(b) Address Couch, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/47 (Month) (Day) (Year)

(c) Place: burial or cremation New Salem Cem.

18. (a) Signature of funeral director Roland Carter

(b) Address Thayer, Mo.

19. (a) 9-15-47 (Date received local registrar) (b) Edith Brass (Registrar's signature) 254

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1947 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 1, 19 47 to April 9, 19 47; that I last saw h. alive on April 8, 19 47; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease

Due to Hypertension

Syphilis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work?

(e) Means of injury 0

23. Signature C W Cooper MD (M. D. or other)

Address Thayer Mo. Date signed 9-12-47

Cooper

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 1047565
Date Filed 10-9-42

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.