

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 14 1949

to. 300  
10. 48

BIRTH NO. 49-007148 REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 214

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Prenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Prenton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cullers Hospital</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>UNNAMED</u>	b. (Middle)	c. (Last) <u>WHITLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 24 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Feb. 24, 1949</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 28 HRS. Mts. <u>7</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert Whitley</u>	13b. MOTHER'S MAIDEN NAME <u>Peggy Ketcham</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>[Signature]</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W.R. Whitley</u> ADDRESS <u>Prenton, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth about 5 1/2 month of gestation</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Mother has abortion tendency</u>		
DUE TO (c) <u>[Signature]</u>		II. OTHER SIGNIFICANT CONDITIONS <u>7/1/49</u> Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb. 24, 1949, to Feb 24, 1949, that I last saw the deceased alive on Feb. 24, 1949, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature] M.D. U</u>	23b. ADDRESS <u>Prenton, Mo.</u>	23c. DATE SIGNED <u>2-25-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 25, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Darvess County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-25-1949</u>	REGISTRAR'S SIGNATURE <u>Irene Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond A. Davis</u> ADDRESS <u>Prenton Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

*Not Embalmed*

Student Embalmer No. ....

working under my personal supervision.

Signed..... *Walter E. Moyer* .....

Signed.....

Student Embalmer

Licensed Embalmer No. *0491*

P. O. Address *Jrenton, 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 this body is not embalmed, fact should be so stated above.