

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11718

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 143

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

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Callaway</u>                                     |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>   |  |
| c. LENGTH OF STAY (in this place) <u>22 days</u>                                   |  | d. STREET ADDRESS (If rural, give location) <u>309 S. Ravine</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Co. Hospital</u>               |  |  |  |

|   |                         |                          |   |
|---|-------------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Mortie</u> | b. (Middle) <u>Lynn</u> | c. (Last) <u>Whitlow</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>April 28 1949</u> |
|---|-------------------------|--------------------------|---|

|                      |                               |   |  |   |  |   |
|----------------------|-------------------------------|---|--|---|--|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>March, 7, 1896</u> | 9. AGE (In years last birthday) <u>53</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>21</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
|----------------------|-------------------------------|---|--|---|--|---|

|   |  |  |   |
|---|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Alumnae Sec.</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Wm. Woods College</u> | 11. BIRTHPLACE (State or foreign country) <u>0</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
|---|--|--|---|

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME <u>William H. Tyler</u> | 13b. MOTHER'S MAIDEN NAME <u>Carrie McKim</u> | 14. NAME OF HUSBAND OR WIFE <u>H. Lee Whitlow</u> |
|--|---|---|

|  |                               |   |                                 |
|--|-------------------------------|---|---------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____ | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>H. Lee Whitlow</u> | ADDRESS <u>Fulton, Missouri</u> |
|--|-------------------------------|---|---------------------------------|

|   |  |  |   |              |
|---|--|--|---|--------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 hrs.</u> |              |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.<br>DUE TO (b) <u>Carcinomatosis</u> |  |   | <u>6 mo</u>  |
|   | DUE TO (c) <u>Retro-peritoneal Sarcoma</u>   |  |   | <u>1 yr.</u> |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  | <u>198A</u>                                       |              |

|                                      |  |  |
|--------------------------------------|--|--|
| 19a. DATE OF OPERATION <u>Nov 48</u> | 19b. MAJOR FINDINGS OF OPERATION <u>As above</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|--------------------------------------|--|--|

|   |  |   |
|---|--|---|
| 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) _____ |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____                      |

22. I hereby certify that I attended the deceased from June 1, 1948, to Death 19    , that I last saw the deceased alive on Apr 28, 1949, and that death occurred at 11 P m., from the causes and on the date stated above.

|  |                         |                                |                                 |
|--|-------------------------|--------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Oliver D. Brown M.D.</u> | (Degree or title) _____ | 23b. ADDRESS <u>Fulton Mo.</u> | 23c. DATE SIGNED <u>4-30-49</u> |
|--|-------------------------|--------------------------------|---------------------------------|

|   |                             |   |  |
|---|-----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May-1-1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u> | 24d. LOCATION (City, town, or county) (State) <u>Fulton Missouri</u> |
|---|-----------------------------|---|--|

|   |   |      |  |                          |
|---|---|------|--|--------------------------|
| DATE REC'D BY LOCAL REG. <u>Apr 30-1949</u> | REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> | 4263 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home</u> | ADDRESS <u>Fulton Mo</u> |
|---|---|------|--|--------------------------|

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed  
MAY 10 1949

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 .....  
Student Embalmer

Signed *Donald C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *Fulton, 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.