S. No. 300
. 10.48

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

FILED JUN 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14825

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5112 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY Bollinger
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lutesville Rural
c. LENGTH OF STAY (In this place) Entire
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 31

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Madison 62
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fredericktown 1
d. STREET ADDRESS (If rural, give location) Saline 1

3. NAME OF DECEASED (Type or Print)
a. (First) Julia
b. (Middle) —
c. (Last) Whitener Whitner

4. DATE OF DEATH (Month) June (Day) 1 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH March 1 1869

9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months 3 Days 0 IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (State or foreign country) Marquand, Missouri 0

12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME Daniel Marion Mouser

13b. MOTHER'S MAIDEN NAME Johanna Elizabeth Whitner

14. NAME OF HUSBAND OR WIFE Daniel Whitner (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Melvina Englehart Fredericktown

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) fractured neck — INTERVAL BETWEEN ONSET AND DEATH —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) — E816 26

II. OTHER SIGNIFICANT CONDITIONS
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 ☐ NO ☒

21a. ACCIDENT SUICIDE ~~HOMICIDE~~ (Specify) Accident

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) 6 (Day) 7 (Year) 49 (Hour) 9.30 a. m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Car + Truck collision 9

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE John J Myers (Degree or title) Coroner **23b. ADDRESS** Lutesville Mo **23c. DATE SIGNED** 6/7/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 6/8/49 **24c. NAME OF CEMETERY OR CREMATORY** Christian cemetery **24d. LOCATION** (City, town, or county) Fredericktown (State) Mo.

DATE REC'D BY LOCAL REG. June 6 1949 **REGISTRAR'S SIGNATURE** Willie VanDuyn 25 **25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS** Webb - Adamson - Fredericktown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

...EIVED

... Health Officer No. 4

...ct File Number 649-226

...e Filed 6-8-49

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.

Signed Edward G. Lehmann Jr.

Licensed Embalmer No. 4567

P. O. Address Fredericktown

Signed .....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit... the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.