

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED AUG 1 1949

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

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St James Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St James</u> <u>81</u>	
c. LENGTH OF STAY (in this place) <u>5 years</u>		d. STREET ADDRESS (If rural, give location) <u>Soldiers Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Soldiers Home Hospital</u>			
3. NAME OF DECEASED a. (First) <u>MARY. A. WHITNEY</u> (Type or Print) b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>4 19 -49</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 10 - 1874</u>
9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>9</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>Dont Know</u>	13b. MOTHER'S MAIDEN NAME <u>Dont Know</u>	14. NAME OF HUSBAND OR WIFE <u>Fred F. Whitney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Soldiers Home office St James Mo</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 151X	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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) _____ m.	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 <u>July</u> , 19 <u>48</u> , to <u>4-19</u> , 19 <u>49</u> , 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 (Degree or title) <u>Wm D Stucker MD</u>		23b. ADDRESS <u>St James Mo</u>	23c. DATE SIGNED <u>5-1-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>4-20-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cem St James Mo</u>	24d. LOCATION (City, town, or county) (State) <u>St James Mo</u>
DATE REC'D BY LOCAL REG. <u>July 26, 1949</u>	REGISTRAR'S SIGNATURE <u>Cora O. Birmingham</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. LeBlond</u>	ADDRESS <u>St James Mo</u>

RECEIVED
Pheps County Health Officer,
County File Number
Date Filed 7-29-49

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. 312

working under my personal supervision.

Student Carl J. Glenn
Student Embalmer

Signed Orel E. Lickliker

Licensed Embalmer No. 3544

P. O. Address 97 James 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.