

FILED JUL 22 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 24506

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3059		Registrar's No. 244	
1. PLACE OF BIRTH a. COUNTY <i>St. Francois</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Illinois</i> b. COUNTY <i>McClain</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Bonne Terre</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>Bloomington</i>		11 11 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>133 Church St</i>				d. STREET ADDRESS (If rural, give location) <i>1001 N. Evans</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>VETA</i>			b. (Middle) <i>LENORA</i>		c. (Last) <i>WHITEMAN</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>July 8, 1949</i>
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>March 2, 1902</i>	
9. AGE (In years last birthday) <i>47</i>		10. MONTHS <i>4</i>		11. DAYS <i>6</i>		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Teaching</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>High School</i>		11. BIRTHPLACE (State or foreign country) <i>Hallsville Ill.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.C.</i>				13a. FATHER'S NAME <i>Monte Bowles</i>		13b. MOTHER'S MAIDEN NAME <i>Lula Meadows</i>	
14. NAME OF HUSBAND OR WIFE <i>Carl Whiteman</i>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			
16. SOCIAL SECURITY NO. <i>None</i>				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Meelene Carlson 726 Washington St Bloomington</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma (Symptomatic system)</i> 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.				INTERVAL BETWEEN ONSET AND DEATH <i>3 year</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Operative left heart 1946 (carcinoma)</i>				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) <i>Bonne Terre St. Francois Mo</i>			
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 <i>7/7</i> , 1949, to <i>7/8</i> , 1949, that I last saw the deceased alive on <i>7/8</i> , 1949, and that death occurred at <i>4:10 P.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Wm. R. Rollins, D.O.</i>				23b. ADDRESS <i>211 E. Power Mo</i>		23c. DATE SIGNED <i>7/8/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>July 9, 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>McClains</i>		24d. LOCATION (City, town, or county) (State) <i>Hallsville Ill.</i>	
DATE REC'D BY LOCAL REG. <i>July 11, 1949</i>		REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Benson Hall</i>		ADDRESS <i>Bonne Terre Mo</i>	

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

RECEIVED 7-18-49

District Health Officer No. 4

District File Number 749-953

Date Filed

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 Clarence J. Claywell

Licensed Embalmer No. 3786

P. O. Address Bonne Terre 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.