

FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **944**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton	
c. LENGTH OF STAY (in this place) 32		d. STREET ADDRESS (If rural, give location) 317 W. Franklin	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General			
3. NAME OF DECEASED a. (First) Mary		b. (Middle) Katherine	
c. (Last) Whitaker		4. DATE OF DEATH (Month) (Day) (Year) January 15-1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 17-1907
9. AGE (In years last birthday) 42		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Library + Newspaper	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Vance J. Day		13b. MOTHER'S MAIDEN NAME Mary Lewis	
14. NAME OF HUSBAND OR WIFE Charles H. Whitaker		15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Gene C. Cannon ADDRESS Marionville, Missouri	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Embolus causing Coronary Occlusion following Surgical Removal of Fibrant Uterus ANTECEDENT CAUSES Due to (b) of Fibrant Uterus DUE TO (c) (2) Shock 2. 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 <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"/> HOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 1/14/1950 to 1/15/1950 , that I last saw the deceased alive on 1/15/1950 , and that death occurred at 1:00 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. R. S. Halligan M.D.		23b. ADDRESS Clinton Missouri	
23c. DATE SIGNED 1/19/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1-17-50		24c. NAME OF CEMETERY OR CREMATORY Englewood	
24d. LOCATION (City, town, or county) (State) Clinton Mo		DATE REC'D BY LOCAL REG. Jan 17-50	
REGISTRAR'S SIGNATURE Florence Adair		FUNERAL DIRECTOR'S SIGNATURE J. E. Consolev ADDRESS Clinton Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

0622
 P.

214X

APR 4 1950

RECEIVED

District Health Officer No. 7

District File Number 12-49-12d

Date Filed 1-24-50

NOV 7 1961

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 *J E Conzelius*
Licensed Embalmer No. 1891

P. O. Address *Clinton, 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.