

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

3359

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4464 Registrar's No. 310

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give town) Overland		c. CITY (If outside corporate limits, write RURAL and give township) 8038	
c. LENGTH OF STAY (In this place) Unk.		d. STREET ADDRESS (If rural, give location) Marmaduke	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2417 Goodale			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Albert	
c. (Last) Whitten		4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH JUNE 12, 1873
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	11. BIRTHPLACE (State or foreign country) Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME William H. Whitten	
13b. MOTHER'S MAIDEN NAME Anna Baker		14. NAME OF HUSBAND OR WIFE Mayme Whitten	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Raymond S. Whitten, 2417 Goodale			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CIRCULATORY FAILURE		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) GASTRIC CARCINOMA			
DUE TO (c)			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		151X	
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)		151X	
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? 151X			
22. I hereby certify that I attended the deceased from 1-1 , 1950, to 2-4 , 1950, that I last saw the deceased alive on 2-4 , 1950, and that death occurred at 11:20 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE C. Sturgis Stichel M.D. (Degree or title)		23b. ADDRESS 3209 Brown Rd.	
23c. DATE SIGNED 2-4-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-5-50	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Jonesboro, Arkansas	
DATE REC'D BY LOCAL REG. 2-6-50		REGISTRAR'S SIGNATURE Albert H. Hoppe	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd.	

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

MAR 3 1950

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~~ by Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ray W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis 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.

Affidavits containing crasures will not be accepted; draw one line through error and write above it.

State of Missouri

City of St. Louis

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 3359

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 28 day of February, 1950, before me appears.....

Raymond Whitten, who, upon his oath, states that the original record of ~~birth~~ death

for Charles Albert Whitten, died February 4, 1950, 19....., in the State of

Missouri, and which was filed at Clayton, Mo. on 2-5-50, 19....., should be corrected as follows:

Item No. 8 should read June 12, 1873

Instead of Unknown

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief

(SEAL) Affiant Raymond Whitten Son Relationship.

2417 Goodale, Overland, Mo.

Present Address.

Subscribed and sworn to before me this 28 day of February, 1950.

My Commission expires Sept. 23, 1951 Edna A. Baxter Notary Public.