

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1142**

FILED FEB 17 1950

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 29	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give town) Cape Girardeau		c. LENGTH OF STAY (In this place township) 3 months		c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		d. STREET ADDRESS (If rural, give location) 541 S. Frederick St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 541 S. Frederick St.				d. STREET ADDRESS (If rural, give location) 541 S. Frederick St.			
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle)		c. (Last) Whitfield	
4. DATE OF DEATH		5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF DEATH Feb. 5, 1950		9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months 10 Days 4		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer				10b. KIND OF BUSINESS OR INDUSTRY 			
11. BIRTHPLACE (State or foreign country) Plumpoint, Mississippi				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mrs. Florence Whitfield			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 		17. INFORMANT'S SIGNATURE OR NAME Mrs. Florence Whitfield, Cape Girardeau, Mo.			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Some Natural Cause				INTERVAL BETWEEN ONSET AND DEATH	
		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		3. 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) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 541 S. Fredrick St		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cape Girardeau Missouri Cape Gir. Mo			
21d. TIME OF INJURY (Month) (Day) (Year) Jan 60 50		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
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 11:45A m., from the causes and on the date stated above.							
23a. SIGNATURE E. P. Dickey, B.				23b. ADDRESS Coroner. 4. S. Pacific St. Cape Gir. Mo.		23c. DATE SIGNED Feb 6. 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 6, 1950		24c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri	
DATE REC'D BY LOCAL REG. 2-6-1950		REGISTRAR'S SIGNATURE W. J. Sparks		25. FUNERAL DIRECTOR'S SIGNATURE W. J. Sparks ADDRESS Cape Girardeau, Mo.			

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

RECEIVED

FEB 13 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-217

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 *Frank Sparks*

Licensed Embalmer No. *3483*

P. O. Address *Rafae Snowden*

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.