No. 300
10-48

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19122

State File No. .....

BIRTH NO. 38808-50 REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6186 Registrar's No. 32

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

1. PLACE OF DEATH
a. COUNTY Taney
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brownbranceh, R, Bever
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ~~Dannie Lee Whitacre~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Taney
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brownbranch, Rural, Bever
d. STREET ADDRESS (If rural, give location) 100

3. NAME OF DECEASED (Type or Print)
a. (First) Dannie
b. (Middle) Lee
c. (Last) Whitacre

4. DATE OF DEATH (Month) (Day) (Year) 4-30-50

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0
8. DATE OF BIRTH 4-29-50
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Brownbranche, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fred Whitacre
13b. MOTHER'S MAIDEN NAME Freda Lyons
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. N ne
17. INFORMANT'S SIGNATURE OR NAME Fred A Whitaker ADDRESS Brownbranch, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dr Harlin of Ava was

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) at Birth -
DUE TO (c) Mother had Sugar Diabetes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. + Baby died less than 24 hrs.

INTERVAL BETWEEN ONSET AND DEATH: 7691

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION from Birth. this is from the Mother
20. AUTOPSY? YES ☐ NO ☒

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)
SUPPLEMENTARY INFORMATION REQUESTED

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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* Apr. 30, 1950, *and that death occurred at* 7:A *m., from the causes and on the date stated above.*

23a. SIGNATURE S E Cogswell 8 (Degree or title) Reg. 352
23b. ADDRESS Branson Mo
23c. DATE SIGNED 6-2-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 5-1-50
24c. NAME OF CEMETERY OR CREMATORY Bethel
24d. LOCATION (City, town, or county) (State) Brownbranch, Missouri

DATE REC'D BY LOCAL REG. May 3-1950
REGISTRAR'S SIGNATURE S E Cogswell 376
25. FUNERAL DIRECTOR'S SIGNATURE Clinkingbeard Funeral Home, Ava, Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 8 1950
District Health Office No. 6,
District File Number 550-547
Date Filed 5-8-50

Friends took care of body, did not have body emblamed

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.