

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41792

FILED DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5969 Registrar's No. 159

840

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

1. PLACE OF DEATH a. COUNTY <u>POLK</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>POLK</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>DUNNEGAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>DUNNEGAN 0840</u>	
c. LENGTH OF STAY (In this place) <u>492</u>		d. STREET ADDRESS (If rural, give location) <u>277 7th St. Dunnegan Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF HOSPITAL OR INSTITUTION	

3. NAME OF DECEASED (Type or Print) a. (First) <u>VESTAL</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>WHITTENBURG</u>	4. DATE OF DEATH (Month) <u>Dec</u> (Day) <u>5</u> (Year) <u>1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 17, 1876</u>	9. AGE (In years last birthday) <u>74</u>	10. IF UNDER 1 YEAR (Specify) Months <u>5</u> Days <u>18</u>	11. IF UNDER 1 YEAR (Specify) Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Shop</u>	11. BIRTHPLACE (State or foreign country) <u>Massouri 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Asbury Whittenburg</u>	13b. MOTHER'S MAIDEN NAME <u>Matilda PEWITT</u>	14. NAME OF HUSBAND OR WIFE <u>NANNIE Whittenburg</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>NANNIE Whittenburg Dunnegan</u>	ADDRESS <u>Dunnegan</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4222</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute heart failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> 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 type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 11-25 1950 to 12-5 1950, that I last saw the deceased alive on 11/30, 1950 and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. McLeary M.D.</u>	23b. ADDRESS <u>Polina Mo</u>	23c. DATE SIGNED <u>12/8/50</u>
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24a. BURIAL, CREMATION, OR DISPOSAL <u>burial</u>	24b. DATE <u>12-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>TURKEY CREEK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Polk Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 8, 1950</u>	REGISTRAR'S SIGNATURE <u>Ralph Gardner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brim Funeral Service</u>	ADDRESS <u>Walnut Grove</u>
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(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 14 1950

Dist. File 1280-2485

Date Filed 12-20-50

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 Walter D. Drotter

Licensed Embalmer No. 4005

P. O. Address Ash Grove, 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.