

FILED APR 13 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 7705

BIRTH NO.		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 94	
1. PLACE OF DEATH a. COUNTY <i>Callaway</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Marion</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Sutton</i>		c. LENGTH OF STAY (in this place) <i>3 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Palmyra 0640</i>		d. STREET ADDRESS (If rural, give location) <i>1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital no 1</i>				3. NAME OF DECEASED a. (First) <i>Lydia</i> b. (Middle) <i>Anne</i> c. (Last) <i>Whitaker</i>			
4. DATE OF DEATH (Month) (Day) (Year) <i>Apr 1 1 1951</i>		5. SEX <i>female</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed 2</i>	
8. DATE OF BIRTH <i>Mar 10, 1872</i>		9. AGE (In years last birthday) <i>79</i>		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>same</i>	
11. BIRTHPLACE (State or foreign country) <i>Maywood, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>		13a. FATHER'S NAME <i>Jacob Jones</i>		13b. MOTHER'S MAIDEN NAME <i>Nell Wiseman</i>	
14. NAME OF HUSBAND OR WIFE <i>Cicero Whitaker</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Oney Whitaker OK.</i>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Generalized arteriosclerosis</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <i>4500</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Mar 31, 1951</i> , to <i>Apr 1, 1951</i> , that I last saw the deceased alive on <i>Mar 31, 1951</i> , and that death occurred at <i>3:50 A.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>J.R. Hunter</i>				23b. ADDRESS <i>Sutton, Missouri</i>		23c. DATE SIGNED <i>Apr 1, 1951</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>April 3, 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Palmyra, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>Apr 1 - 1951</i>		REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i>		426		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wallace Funeral Home Sutton, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4  
APR 10 1951

RECEIVED

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Russell C. Maag

Signed.....  
Student Embalmer

Licensed Embalmer No. 4804

P. O. Address Fulton, 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.