

FILED JUN 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15780

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143 Registrar's No. 226

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff <i>Twp</i>		c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff <i>0120</i>	
c. LENGTH OF STAY (in this place) 46 years		d. STREET ADDRESS (If rural, give location) Rural Route 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Rural Route			

3. NAME OF DECEASED (Type or Print) HENRY	a. (First)	b. (Middle)	c. (Last) WHITMER	4. DATE OF DEATH 5/15/1951
				(Month) (Day) (Year)

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 28, 1870	9. AGE (in years last birthday) 80	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 17	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Frammer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Hilda Whitmer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 489-18-6602	17. INFORMANT'S SIGNATURE OR NAME Mrs. Hilda Whitmer Poplar Bluff, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr 1
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Head Pancreas		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility		
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"/>
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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) (Min.)	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 5-14-1951, to 5-15-1951, that I last saw the deceased alive on 5-15-1951, and that death occurred at 3:00P m., from the causes and on the date stated above.

23a. SIGNATURE <i>H. D. Riggs Jr.</i> (Degree or title) MD	23b. ADDRESS Poplar Bluff, Missouri	23c. DATE SIGNED 5/19/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/20/1951	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri
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DATE REC'D BY LOCAL REG. May 21-1951	REGISTRAR'S SIGNATURE <i>Wm. H. Johnson</i>	25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch	ADDRESS Poplar Bluff, Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

0120

RECEIVED

MAY 29 1951

BUTLER CO. HEALTH CENTER

FILE No. 551-229

JUN 2 1951

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.....

Joseph R. Matlak

Signed.....

Student Embalmer

Licensed Embalmer No. 4824.....

P. O. Address Poplar Bluff, Missouri.....

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.