

FILED MAY 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17100
Registrar's No. 42

0500
4

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

Dr. Schreiber

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592

1. PLACE OF DEATH
a. COUNTY Jefferson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY Jefferson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-Joachim c. LENGTH OF STAY (In this place) 2 Mos.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, Mo. 4181

d. FULL NAME OF HOSPITAL OR INSTITUTION MOUNTAIN VIEW NURSING HOME d. STREET ADDRESS (If rural, give location) 3104 Maybelle Drive

3. NAME OF DECEASED
a. (First) ANNA b. (Middle) Adaline c. (Last) Whitworth 4. DATE OF DEATH (Month) (Day) (Year) MAY 10-1951

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH JAN. 30-1867 9. AGE (In years last birthday) 84 3 Months 10 Days 0 Hours 0 Min.

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

13a. FATHER'S NAME Wm. Graham 13b. MOTHER'S MAIDEN NAME Elizabeth Long 14. NAME OF HUSBAND OR WIFE Martin Whitworth

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. None 17. INFORMANT'S SIGNATURE OR NAME Geo. M. Couch ADDRESS Flat River, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
Senility
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO 794X

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 4-17, 1951, to 5-10, 1951, that I last saw the deceased alive on 5-9, 1951, and that death occurred at 3:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____ 23b. ADDRESS Crystal City, Mo. 23c. DATE SIGNED 5-11-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 5-12-51 24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW 24d. LOCATION (City, town, or county) (State) GRUBVILLE Mo

DATE REC'D BY LOCAL REG. 5/11/51 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mathershead ADDRESS De Soto, Mo.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 3-15-51

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 Andrew H. England

Licensed Embalmer No. 4746

P. O. Address De Soto, 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.