

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 21 1951

State File No. 17184

BIRTH NO. _____		REG. DIST. NO. <u>383</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>528</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission)			
a. COUNTY <u>Lawrence</u>		b. STATE <u>Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg</u>		d. COUNTY <u>Johnson</u>	
b. CITY OR TOWN <u>Mt. Vernon</u>		c. LENGTH OF STAY (in this place township) <u>256 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg</u>		d. STREET ADDRESS (If rural, give location) <u>311 Jackson St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Rilla</u>	b. (Middle)	c. (Last) <u>Whiteaker</u>	Month <u>May</u>	Day <u>6</u>	Year <u>1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 29, 1893</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 1 YEAR Days <u>12</u>	IF UNDER 1 HR. Hours <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Sidney W. Carpenter</u>		13b. MOTHER'S MAIDEN NAME <u>Lettie Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Clifford M. Whiteaker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-14-3701</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruby Ann Wilson, Mt. Vernon, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>abt. 2 yrs.</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>					
		ANTECEDENT CAUSES DUE TO (b) _____ <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>002 X</u>				20. AUTOPSY? YES <input checked="" 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)			
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 <u>Aug. 24</u> , 19 <u>50</u> , to <u>May 6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 6</u> , 19 <u>51</u> , and that death occurred at <u>10:05 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. A. Brasler M. D.</u>				23b. ADDRESS <u>Mt. Vernon, Mo.</u>		23c. DATE SIGNED <u>May 7, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 7, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>May 11, 1951</u>		REGISTRAR'S SIGNATURE <u>Cecil Hardwick</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. L. Lassett Mt. Vernon, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

550

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

RECEIVED | MAY 14 1951

Dist. File 55-9119

Date Filed 5-16-51

MAY 22 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 MR

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. L. Fossett

Licensed Embalmer No. 2201

P. O. Address MT Vernon Md

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.