

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25908**

FILED AUG 15 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **6151** Registrar's No. **63**

1. PLACE OF DEATH  
a. COUNTY **Stoddard**  
b. CITY (If outside corporate limits, write RURAL and give township) **Dexter Mo. Elk. Twp.**  
c. LENGTH OF STAY (in this place) **2 yrs**  
d. FULL NAME OF HOSPITAL OR INSTITUTION \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)  
a. STATE **Missouri** b. COUNTY **Stoddard**  
c. CITY (If outside corporate limits, write RURAL and give township) **Dexter, Mo. R. 4. Elk. Twp.**  
d. STREET ADDRESS (If rural, give location) **1030**

3. NAME OF DECEASED  
a. (First) **Martha** b. (Middle) \_\_\_\_\_ c. (Last) **Whitmore**

4. DATE OF DEATH (Month) (Day) (Year)  
**July 20, 1951**

5. SEX **Female** 3  
6. COLOR OR RACE **Colored**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**Widow**

8. DATE OF BIRTH **July, 18, 1878**

9. AGE (In years, last birthday) **73**  
# UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_  
# UNDER 10 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Housekeeper**

10b. KIND OF BUSINESS OR INDUSTRY  
**arming**

11. BIRTHPLACE (State or foreign country)  
**Mason, Tenn.**

12. CITIZEN OF WHAT COUNTRY? **U. S. a.**

13a. FATHER'S NAME  
**Fedilson**

13b. MOTHER'S MAIDEN NAME  
**Unknown**

14. NAME OF HUSBAND OR WIFE  
**Tom Whitmore, Deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Antonia Igles Dexter, Mo. R. 4**

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Myocardial Regeneration**  
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  
**10/14/50**  
**7/20/51**

19a. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

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)  
**410X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

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 **10-14-50** to **7-20, 1951**, that I last saw the deceased alive on **7-19-**, 19**51**, and that death occurred at **10:30** a. m., from the causes and on the date stated above.

23a. SIGNATURE **J. P. Brundage, M.D.** (Degree or title)

23b. ADDRESS **Essay Mo. 7-23-51**

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)  
**burial**

24b. DATE **July, 22, 51**

24c. NAME OF CEMETERY OR CREMATORY **Dexter Col. Cemetry**

24d. LOCATION (City, town, or county) (State)  
**Dexter, Mo.**

DATE REC'D BY LOCAL REG. **8-1-51**

REGISTRAR'S SIGNATURE **Delmas V. Jenkins** **409**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**Watkins Funeral Service, Dexter, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

1030

RECEIVED

AUG 14 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 Walter Marsh Withers

Signed.....  
Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.