

FIELD SEP 10 1951

STANDARD CERTIFICATE OF DEATH

State File No. **26501**

BIRTH NO. _____ REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **5370** Registrar's No. **71**

1. PLACE OF DEATH a. COUNTY Daviess 0310		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Union Township		c. CITY (If outside corporate limits, write RURAL and give township) Rural Union Township 0310	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 8 Miles N.E. Gallatin, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 Miles N.E. Gallatin, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Newman b. (Middle) --- c. (Last) Whitt			4. DATE OF DEATH (Month) (Day) (Year) August 21 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 5 1903	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (State or foreign country) Daviess Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Whitt		13b. MOTHER'S MAIDEN NAME Sophia E. Culver		14. NAME OF HUSBAND OR WIFE Zola Whitt (Dec'd)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY 719-18-3378		17. INFORMANT'S SIGNATURE OR NAME Miss Betty Jane Whitt, Gallatin, ADDRESS	

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		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ball structure of the neck. 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 1991		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **Aug 20, 1951** to **Aug 21, 1951**, that I last saw the deceased alive on **Aug 21, 1951**, and that death occurred at **12:50A** m., from the causes and on the date stated above.

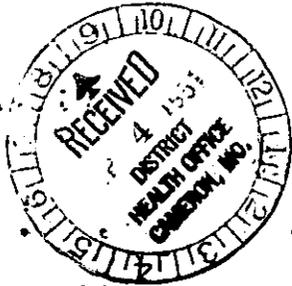
23a. SIGNATURE F. B. Bailey (Degree or title)		23b. ADDRESS W. Jamesport, Mo.		23c. DATE SIGNED 8-29-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-23-1951		24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery	
				24d. LOCATION (City, town, or county) (State) Gallatin, Mo.	

DATE REC'D BY LOCAL REG. 31 Aug. 1951		REGISTRAR'S SIGNATURE Hegeue M Engelhart		25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home ADDRESS Gallatin, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. F. B. Bailey



STRIKED

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 L. O. Richerson

Signed

Student Embalmer

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.