

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31946**
Registrar's No. **8232**

FILED SEP 22 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Butler	
d. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff 0124	
		d. STREET ADDRESS (If rural, give location) 614 Zion Street.,	
3. NAME OF DECEASED (Type or Print) a. (First) Sybil		b. (Middle) Iona	
		c. (Last) Whitaker	
		4. DATE OF DEATH (Month) (Day) (Year) Sept 15, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 4, 1904
9. AGE (In years last birthday) 47		10. IF UNDER 1 YEAR Months Days 11. IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (State or foreign country) Springbrook, Wisconsin		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Fogarty		13b. MOTHER'S MAIDEN NAME Flora Sullivan	
		14. NAME OF HUSBAND OR WIFE Ray R. Whitaker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. None	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ray R. Whitaker - Poplar Bluff, Mo.	
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) Toxic nodular goiter Coronary thrombosis goiter of long standing 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 Thyroidectomy 9/13/51 Multiple adenoma thyroid	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no injury	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 2:52, 1		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 2:52, 1			
22. I hereby certify that I attended the deceased from 9/6/51 , 19___, to 9/15/51 , 19___, that I last saw the deceased alive on 9/14/51 , 19___, and that death occurred at 2:00A m., from the causes and on the date stated above.			
23a. SIGNATURE S.U. Mastin (Degree or title)		23b. ADDRESS 3720 Washington	
23c. DATE SIGNED 9/15/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-15-51	
24c. NAME OF CEMETERY OR CREMATORY Memorial Gardens		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri	
DATE REC'D BY LOCAL REG. SEP 17 1951		REGISTRAR'S SIGNATURE Carl Smith MO	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd	

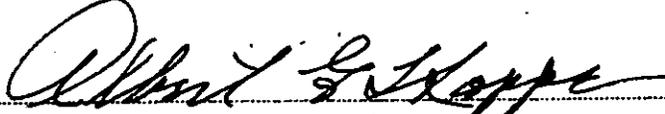
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 2921

P. O. Address.....

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.