

FILED OCT 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33003**

0264  
2264  
Whitchurch

Prison Records, % Sister - Mrs. Angie Setzer  
Cherryville, Mrs.

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

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>271</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON CITY MO</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>JEFFERSON CITY MO</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City MO</u>		d. STREET ADDRESS (If rural, give location) <u>R.R.#3, Jefferson City, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Prison</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>REBECCA</u>		b. (Middle) <u>ANN</u>		c. (Last) <u>WHITPHURPH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 19 57</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>Dec 11 - 1891</u>	
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Convict</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>59</u> 10. MONTH <u>10</u> 11. DAY <u>10</u> 12. HOUR <u>10</u> 13. MIN. <u>57</u>	
11. BIRTHPLACE (State or foreign country) <u>CHERRYVILLE, MOU</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>THOMAS GARKER</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA J. WORLEY</u>		14. NAME OF HUSBAND OR WIFE <u>Not known</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EVELYN WHITCHAURCH</u>			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) <u>unknown</u>				MEDICAL CERTIFICATION <u>0145 A.L. EXTINGTON</u>  INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. CAUSE OF SUICIDE OR 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 <u>Dead when received</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>10/15</u> , 19 <u>57</u> , and that death occurred at <u>1:54</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J.A. Leslie MD (Coroner)</u>				23b. ADDRESS <u>Jefferson City MO</u>		23c. DATE SIGNED <u>10-30-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 21-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cherryville MO</u>	
DATE REC'D BY LOCAL REG. <u>Oct 24 - 1951</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis MD - MR-8</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frederic Sousterbel</u>			

RECEIVED OCT 29 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed OCT 29 1951

NOV 7 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Joseph J. Gordin*

Signed.....  
Student Embalmer

Licensed Embalmer No. 1286

P. O. Address Jefferson City, 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.