

State File No. _____

FILED NOV 27 1951

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No. 103

1. PLACE OF DEATH a. COUNTY <u>Grundy Harrison Co</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Gilman City</u>) c. LENGTH OF STAY (in this place) <u>70 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Gilman City</u> d. STREET ADDRESS (If rural, give location) <u>0410</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Aaron</u> b. (Middle) <u>Whitten</u> c. (Last) <u>Whitten</u> 4. DATE OF DEATH (Month) <u>10</u> (Day) <u>5</u> (Year) <u>51</u> 5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> 8. DATE OF BIRTH <u>9-1-1874</u> 9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Months <u>2</u> IF UNDER 24 HRS. Days <u>4</u> Hours <u> </u> Min. <u> </u> 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real estate</u> 10b. KIND OF BUSINESS OR INDUSTRY <u> </u> 11. BIRTHPLACE (State or foreign country) <u>Spencer County Indiana</u> 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Elisha Whitten</u> 13b. MOTHER'S MAIDEN NAME <u>Janie Harris</u> 14. NAME OF HUSBAND OR WIFE <u>Florence White Whitten</u> 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u> </u> 16. SOCIAL SECURITY NO. <u>none</u> 17. INFORMANT'S SIGNATURE OR NAME <u>Florence Whitten</u> ADDRESS <u>Gilman City, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</u> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Interstitial Nephritis</u> ANTECEDENT CAUSES <u>Arterio Sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u> </u> 19a. DATE OF OPERATION <u>4/4/61</u> 19b. MAJOR FINDINGS OF OPERATION <u> </u> 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u> 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u> 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u> 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u> 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 21f. HOW DID INJURY OCCUR? <u> </u>			
22. I hereby certify that I attended the deceased from <u>Jan 4, 1950</u> , to <u>Nov 5, 1951</u> , that I last saw the deceased alive on <u>Nov 5, 1951</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) <u> </u> 23b. ADDRESS <u>Gilman City, Mo</u> 23c. DATE SIGNED <u>Nov 8-51</u> 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 24b. DATE <u>11-7-51</u> 24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u> 24d. LOCATION (City, town, or county) (State) <u>Gilman Cit, Mo.</u> DATE REC'D BY LOCAL REG. <u>11/16/51</u> REGISTRAR'S SIGNATURE <u>Zola Burris</u> 25. FUNERAL DIRECTOR'S SIGNATURE <u>William James</u> ADDRESS <u>Gilman City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

(Licensed Embalmer's Statement on Reverse Side)

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



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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No.

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.