

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEC 10 1951

BIRTH NO. _____		REG. DIST. NO. <u>195</u>		PRIMARY REG. DIST. NO. <u>5714</u>		Registrar's No. <u>74</u>	
1. PLACE OF DEATH a. COUNTY <u>MCDONALD</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>PINEVILLE</u> c. LENGTH OF STAY (in this place) <u>2 Mo.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MCDONALD</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>ANDERSON</u> d. STREET ADDRESS (If rural, give location) <u>0600</u>			
3. NAME OF DECEASED (Type or Print) <u>JOSIE</u>		a. (First) _____		b. (Middle) _____		c. (Last) <u>WHITTER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>11-22-51</u>		5. SEX <u>F.</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>11-1-1879</u>		9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>0</u>		11. DAYS <u>22</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>		11. BIRTHPLACE (State or foreign country) <u>SENECA-MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>G. W. MARTIN</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH SHERMANLEY-WHITTER</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Mitchell</u>		ADDRESS <u>Pineville, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Organic Heart Disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of Stomach</u> 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 <u>?</u> <u>18 Mo.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>151X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Oct 12</u> , 19 <u>51</u> , to <u>Nov 23</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov 23</u> , 19 <u>51</u> , and that death occurred at <u>12:30A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Surgeon Gen</u> (Degree or title)		23b. ADDRESS <u>Pineville, Mo</u>		23c. DATE SIGNED <u>11/26/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-25-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ANDERSON</u>		24d. LOCATION (City, town, or county) (State) <u>ANDERSON-MO.</u>	
DATE REC'D BY LOCAL REG. <u>11-26-51</u>		REGISTRAR'S SIGNATURE <u>Marye Humphrey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. M. Humphrey</u>		ADDRESS <u>Pineville, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC. 5 1951

Dist File 1257-3032

Date Filed 12-7-51

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 H. M. Humphrey Jr......

Licensed Embalmer No. 4708.....

P. O. Address Noel, 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.