

STANDARD CERTIFICATE OF DEATH

FILED JAN 3 1952 REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 4069 Registrar's No. 16

1. PLACE OF DEATH
 a. COUNTY **CAMDEN**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **MACKS CREEK, Mo**
 c. LENGTH OF STAY (in this place) **Life**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **At Home**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY **Camden**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Macks Creek Mo**
 d. STREET ADDRESS (If rural, give location) **0170 D**

3. NAME OF DECEASED
 a. (First) **MISSOURI** b. (Middle) **BELLE** c. (Last) **WHITWORTH**
 4. DATE OF DEATH (Month) (Day) (Year) **12-21-1951**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **11-23-1867**
 9. AGE (In years last birthday) **84** 10. MONTHS **0** 11. DAYS **28** 12. CITIZEN OF WHAT COUNTRY? **USA**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housekeeper**
 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (State or foreign country) **Missouri**
 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Robert Eidsou** 13b. MOTHER'S MAIDEN NAME **Kelia Ann Skinner** 14. NAME OF HUSBAND OR WIFE **Benton Osborn**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
 16. SOCIAL SECURITY NO.
 17. INFORMANT'S SIGNATURE OR NAME **Benton Osborn** ADDRESS **Macks Creek 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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Heart Failure**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Virus Pneumonia**
 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
1 hr
2 1/2 days

19a. DATE OF OPERATION
 19b. MAJOR FINDINGS OF OPERATION
492X
 20. AUTOPSY? YES NO

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) (Minute)
 21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK?
 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov 21, 1951** to **Dec 21, 1951**, that I last saw the deceased alive on **Dec 20, 1951**, and that death occurred at **5:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **S. J. Myers M.D.** (Degree or title) 23b. ADDRESS **Macks Creek Mo** 23c. DATE SIGNED **12-24-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **12-23-1951** 24c. NAME OF CEMETERY OR CREMATORY **Macks Creek** 24d. LOCATION (City, town, or county) (State) **Macks Creek Mo**

DATE REC'D BY LOCAL REG. **12-28-51** REGISTRAR'S SIGNATURE **S. J. Myers M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **R B Spore** ADDRESS **Buffalo Mo**

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

50
1

RECEIVED JAN 2 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 2 1952

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 *Ronald B. Jones*

Signed.....
Student Embalmer

Licensed Embalmer No. *2508*

P. O. Address *Buffalo 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.