

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2254**

FILED JAN 16 1952

BIRTH NO. _____		REG. DIST. NO. <b>274</b>		PRIMARY REG. DIST. NO. <b>3052</b>		Registrar's No. <b>5</b>	
1. PLACE OF DEATH a. COUNTY <b>Pettis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. LENGTH OF STAY (in this place) <b>1 Month</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		<b>0804</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>313 W. Johnson</b>				d. STREET ADDRESS (If rural, give location) <b>519 N. Ohio</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Carrie</b> b. (Middle) <b>Jane</b> c. (Last) <b>Whitney</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 8, 1952</b>				
5. SEX <b>3</b> <b>Female</b>		6. COLOR OR RACE <b>Black</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Sept. 29, 1877</b>	
9. AGE (In years last birthday) <b>74</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Sedalia, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Colonel Welton</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Thatcher</b>		14. NAME OF HUSBAND OR WIFE <b>Charles B. Whitney - Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Charles Whitney - Sedalia, Mo.</b>			
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) <b>Chronic Interstitial Nephritis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral apoplexy</b> DUE TO (c) <b>Arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
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)		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) (Min.)		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 <b>Nov 29, 1951</b> , to <b>Jan 8, 1952</b> , that I last saw the deceased alive on <b>Jan 8, 1952</b> , and that death occurred at <b>12:50 p.m.</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>A. R. Maddox, M.D.</b> (Degree or title)				23b. ADDRESS <b>116 1/2 W. Main</b>		23c. DATE SIGNED <b>1-9-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 11, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Pleasant Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>1-11-1952</b>		REGISTRAR'S SIGNATURE <b>A. G. Campbell, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Eric Alfonsi Sedalia Mo</b>			

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

804

RECEIVED

JAN 15 1952

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed JAN 15 1952 -----

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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 *J. Louis Ruppel* -----

Licensed Embalmer No. *41245* -----

P. O. Address. *Sedalia 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.