

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED MAR 10 1952

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DE SOTO		c. LENGTH OF STAY (In this place) YRS.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 720 E. CLEMENT ST.		d. STREET ADDRESS (If rural, give location) 720 E. CLEMENT ST.	

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) C c. (Last) WHITESEL			4. DATE OF DEATH (Month) (Day) (Year) FEB 25 1952		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 11, 1896	9. AGE (In years: last birthday) 5A	IF UNDER 1 YEAR: Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WELDER		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD SHOPS		11. BIRTHPLACE (City and State or Foreign Country) JEFFERSON COUNTY, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME ORRAS WHITESEL		13b. MOTHER'S MAIDEN NAME MARY JANE MOTHERSHEAD		14. NAME OF HUSBAND OR WIFE MARGARET SANSOUCIE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I		16. SOCIAL SECURITY NO. 702-14-7214		17. INFORMANT'S SIGNATURE OR NAME ANNA MANESS DE SOTO, 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) Coronary Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) now DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 2 hrs
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201			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) m.		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 2/25, 1952, to 2/25, 1952, that I last saw the deceased alive on 2/25, 1952, and that death occurred at 3 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas E. Fallis M.D.		23b. ADDRESS De Soto Mo		23c. DATE SIGNED 2/26/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2/28/52		24c. NAME OF CEMETERY OR CREMATORY WOODLAWN	
24d. LOCATION (City, town, or county) (State) DE SOTO MO.					

DATE REC'D BY LOCAL REG. 2-27-52		REGISTRAR'S SIGNATURE Marie Larver		25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mathushead	
				ADDRESS DE SOTO MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 26 1952
MAR 19 1952

DATE RECEIVED MAR 3 1952
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

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 Andrew H England

Licensed Embalmer No. 4745

P. O. Address St. Louis, 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.