

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

6057

State File No. ....

FILED MAR 14 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5971 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <p align="center">Polk</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p align="center">Missouri</p> b. COUNTY <p align="center">Polk</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">"Rural" Marion Twp.</p>	c. LENGTH OF STAY (In this place) <p align="center">3 1/2 days</p>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Bolivar</p>	D840 D
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Pleasant View Nursing Home</p>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p align="center">Julia</p>	b. (Middle) <p align="center">Grant</p>	c. (Last) <p align="center">Whitmore</p>	(Month) <p align="center">Mar.</p>	(Day) <p align="center">3</p>	(Year) <p align="center">1952</p>

5. SEX <p align="center">female</p>	6. COLOR OR RACE <p align="center">white</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">widowed</p>	8. DATE OF BIRTH <p align="center">Oct. 20, 1872</p>	9. AGE (In years last birthday) <p align="center">79</p>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">housewife</p>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <p align="center">Bolivar, Mo. 0</p>	12. CITIZEN OF WHAT COUNTRY? <p align="center">U.S.A.</p>
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13a. FATHER'S NAME <p align="center">Stephen Blevins</p>	13b. MOTHER'S MAIDEN NAME <p align="center">Sarah Frances Ridgeway</p>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">no</p>	16. SOCIAL SECURITY NO. <p align="center">none</p>	17. INFORMANT'S SIGNATURE OR NAME <p align="center">Mrs. Barrie Inez Switzer</p>	ADDRESS <p align="center">Bolivar, Mo.</p>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute heart failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <p align="center">4500</p>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 1, 1952 to Mar 3, 1952, that I last saw the deceased alive on Mar 2-29 1952, and that death occurred at 4:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <p align="center">D. M. Cran</p>	(Degree or title) <p align="center">MD</p>	23b. ADDRESS <p align="center">Bolivar, Mo.</p>	23c. DATE SIGNED <p align="center">2-3-52</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">burial</p>	24b. DATE <p align="center">Mar. 4, 1952</p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center">City Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p align="center">Bolivar, Mo.</p>
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DATE REC'D BY LOCAL REG. <p align="center">Mar. 4, 1952</p>	REGISTRAR'S SIGNATURE <p align="center">Ralph Gordon per Jewell</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">Turpin Funeral Home</p>	ADDRESS <p align="center">Bolivar, Mo.</p>
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(Licensed Embalmer's Statement on Reverse Side)

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

40  
4

**STATEMENT BY LICENSED EMBALMER**

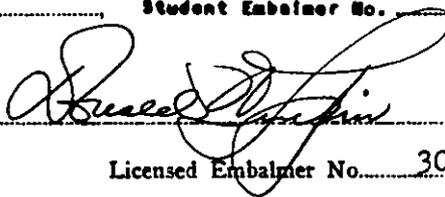
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.