

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7621

State File No.

LED APR 13 1952

BIRTH NO. REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5176 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <i>Camden</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Camden</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Montreal - rural - Angley</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Montreal - rural - Angley</i>	
c. LENGTH OF STAY (in this place) <i>1 year</i>		d. STREET ADDRESS (If rural, give location) <i>Angley Township, 0150</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>rural</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Charles Lee</i> b. (Middle) <i>Whitehead</i> c. (Last) <i>Whitehead</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>April 11 52</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>wh</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>April 14-37</i>	9. AGE (In years) (If under 1 year, last birthday) (Months) (Days) (If under 4 hrs. Hours) (Min.) <i>14</i>
10. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) <i>none</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (State or foreign country) <i>Roach, MO</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>	

13a. FATHER'S NAME <i>Wm Earl Whitehead</i>	13b. MOTHER'S MAIDEN NAME <i>Dora Francis Owens</i>	14. NAME OF HUSBAND OR WIFE <i>none</i>
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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) <i>no</i>	16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Cecil Whitehead</i> ADDRESS <i>Montreal</i>
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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, asthenia, 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) <i>Respiratory failure</i>		<i>1 day</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Progressive Muscular dystrophy</i> DUE TO (c) <i>5 yrs</i>		
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 <i>7441</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 *4-5, 1952* to *4-11, 1952*, that I last saw the deceased alive on *4-11, 1952*, and that death occurred at *4 a* m., from the causes and on the date stated above.

22a. SIGNATURE <i>Harry M. Griffith, M.D.</i> (Degree or title)	22b. ADDRESS <i>Camden, Mo</i>	22c. DATE SIGNED <i>4-12-52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>April 13-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Roach</i>	24d. LOCATION (City, town, or county) (State) <i>Camden, Mo</i>
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DATE REC'D BY LOCAL REG. <i>Apr. 12-1952</i>	REGISTRAR'S SIGNATURE <i>Zilpha Inaw 42-0</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Banksau-Woolery, Camden</i> ADDRESS <i>Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE PERMANENT RECORD

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APR 25 1952

APR 25 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Corsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.