

FILED APR 11 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8235

BIRTH NO.		REG. DIST. NO. 144	PRIMARY REG. DIST. NO. 4234	Registrar's No. 17
1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Iron		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Arcadia Township 0470		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 1/2 mile east of Ironton		
3. NAME OF DECEASED (Type or Print) a. (First) PAULA b. (Middle) ROSETTA c. (Last) WHITED		4. DATE OF DEATH (Month) (Day) (Year) April. 1 1952		
5. SEX fem	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH June 4 1949	9. AGE (In years last birthday) 2 10. MONTH 9 11. DAY 27 12. HOURS 13. MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ironton Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Edward Whited		
13b. MOTHER'S MAIDEN NAME Dolly Marler		14. NAME OF HUSBAND OR WIFE #		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dolly Whited, Ironton 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute bilateral bronchial pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) virus infection DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. acute bilateral nephritis & uremia INTERVAL BETWEEN ONSET AND DEATH 3/31/52 ??		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 492X		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 3/31, 1952, to 4/1, 1952, that I last saw the deceased alive on 3/31, 1952, and that death occurred at 3:20 P.M., from the causes and on the date stated above.				
23a. SIGNATURE R. E. Harland, M.D.		23b. ADDRESS Ironton, Mo.		23c. DATE SIGNED 4/2/52
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-3-52		24c. NAME OF CEMETERY OR CREMATORY Cove Cemetery
24d. LOCATION (City, town, or county) (State) Arcadia Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo. Basil St. Hilda		
DATE REC'D BY LOCAL REG. April 9/1952		REGISTRAR'S SIGNATURE Mrs. Aulis Jones		(Licensed Embalmer's Statement on Reverse Side)

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

# 470  
0

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 Amely White

Signed: .....

Student Embalmer

Licensed Embalmer No. 3012

P. O. Address Dutton, N.C.

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.