

FILED APR 9 1952

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

9443

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3055 Registrar's No. 44

0841

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

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

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Otis</u> b. (Middle) <u>Herman</u> c. (Last) <u>Whitman</u>     |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>March 30, 1952</u> |  |  |
| 5. SEX <u>male</u>   |  | 6. COLOR OR RACE <u>white</u>                       |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>widowed 2</u> |  |
| 8. DATE OF BIRTH<br><u>Dec. 14, 1869</u>   |  | 9. AGE (In years last birthday) <u>82</u>           |  | 10. CITIZENRY OF WHAT COUNTRY?<br><u>U.S.A.</u>                            |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>retired farmer</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>farming</u> |  | 11. BIRTHPLACE (State or foreign country)<br><u>Neodesha Kansas</u>        |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME<br><u>John Sherman Whitman</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Elizabeth Dack</u> |  | 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)<br><u>no</u> |  | 16. SOCIAL SECURITY NO.<br><u>none</u>                  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. Otis Anderson Bolivar, Mo.</u> |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute heart failure</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Carcinoma prostate</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>6 mos</u> |  |
|---|--|---|--|--|--|

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION<br><br><u>177X</u>   |  | 20. AUTOPSY?<br>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) |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?<br><u>Tripped</u>  |  |

22. I hereby certify that I attended the deceased from Oct 1951, to March 30, 1952, that I last saw the deceased alive on March 29, 1952, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

|  |  |   |  |                                    |  |
|--|--|---|--|------------------------------------|--|
| 23a. SIGNATURE<br><u>Ralph Gardner</u> (Degree or title) |  | 23b. ADDRESS<br><u>Mrs. O. Bolivar, Mo.</u> |  | 23c. DATE SIGNED<br><u>3/31/52</u> |  |
|--|--|---|--|------------------------------------|--|

|  |  |                                   |  |   |  |  |  |
|--|--|-----------------------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u> |  | 24b. DATE<br><u>April 1, 1952</u> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Greenwood Cemetery</u> |  | 24d. LOCATION (City, town, or county) (State)<br><u>Bolivar, Mo.</u> |  |
|--|--|-----------------------------------|--|---|--|--|--|

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG.<br><u>April 1, 1952</u> |  | REGISTRAR'S SIGNATURE<br><u>Ralph Gardner</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Turpin Funeral Home Bolivar, Mo.</u> |  |
|--|--|---|--|---|--|

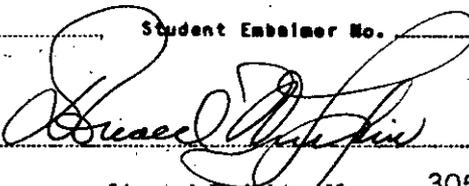
(Licensed Embalmer's Statement on Reverse Side)

**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 .....  
Student Embalmer

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

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.