No. 300
10.48

FILED APR 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9541

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 264

910
1

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

1. PLACE OF DEATH
a. COUNTY: Ripley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Doniphan
c. LENGTH OF STAY (in this place): 23 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 306 Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Ripley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Doniphan 0910
d. STREET ADDRESS (If rural, give location): 306 Jackson 0

3. NAME OF DECEASED (Type or Print)
a. (First) Virginia b. (Middle) Whitwell c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): 3-I-1952

5. SEX: fem ale
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 6-13-1873
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR Months: 8 Days: 78 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Logan
13b. MOTHER'S MAIDEN NAME: Martha Camp
14. NAME OF HUSBAND OR WIFE: Felix N. Whitwell

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.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Doily Hope - Doniphan, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cabnaunsy Heart Head — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carnary Occlusion
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: 4201
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-30 PM, 1952, *to* 8-30 PM, 1952, *that I last saw the deceased alive on* 3-1, 1952, *and that death occurred at* 8-30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. C. Williams MD 0
23b. ADDRESS: Doniphan Mo
23c. DATE SIGNED: 3-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 3-4-1952
24c. NAME OF CEMETERY OR CREMATORY: Doniphan Cemetery
24d. LOCATION (City, town, or county) (State): Doniphan, Mo.

DATE REC'D BY LOCAL REG.: 3-20-52
REGISTRAR'S SIGNATURE: E. A. Johnston 271
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Black-Edwards Funeral Home Doniphan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1956

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 George A. Kerby

Licensed Embalmer No. 4952

P. O. Address Dorchester, Me

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.