S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 9 1952

State File No. 9571

BIRTH NO. 8479n REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4439 Registrar's No. 15

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri COUNTY: St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osceola 1930
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Karla
b. (Middle): Joy
c. (Last): Whiting

4. DATE OF DEATH: (Month) (Day) (Year): March 3, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec, 29, 1951
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 2 Days: 3 IF UNDER 24 HRS. Hours: 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): Springfield Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Bob Whiting
13b. MOTHER'S MAIDEN NAME: Audrey Gover
14. NAME OF HUSBAND OR WIFE: -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Bob Whiting, Osceola Mo. ADDRESS

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) Acute Dilatation of the Heart and edema of the lungs due to a congenital Heart Lesion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 7544
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2 A m., from the causes and on the date stated above.*

23a. SIGNATURE: Mark Todd (Degree or title): D.O.
23b. ADDRESS: Osceola, Missouri
23c. DATE SIGNED: 3/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/4/1952
24c. NAME OF CEMETERY OR CREMATORY: Osceola
24d. LOCATION (City, town, or county) (State): Osceola Missouri

DATE REC'D BY LOCAL REG. 3-4-1952
REGISTRAR'S SIGNATURE: Ruth Beavers 288
25. FUNERAL DIRECTOR'S SIGNATURE: F B Bradford ADDRESS: Osceola Mo

(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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed F B Bardwell

Licensed Embalmer No. 3038

P. O. Address Osceola 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: