

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23374**

FILED JUN 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **6187** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY <b>Taney</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Taney</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Protom, Mo, Bigcreek Twp all of life</b>		c. LENGTH OF STAY (in this place) OR TOWN <b>Protom, Mo Bigcreek Twp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Taney, Co. Mo. Bigcreek Twp.</b>		d. STREET ADDRESS (If rural, give location) <b>Taney Co, Bigcreek, Twp.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Rosa</b> b. (Middle) c. (Last) <b>Whitaker</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June-9--1952</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 30, 1869</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>10</b>	IF UNDER 1 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Taney County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>David Colner</b>		13b. MOTHER'S MAIDEN NAME <b>Hester Young</b>		14. NAME OF HUSBAND OR WIFE <b>Sam Whitaker</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Linda Jennings</b>		ADDRESS <b>Protom, Mo</b>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <b>Cardiac, Renal - Vascular disease</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>  ANTECEDENT CAUSES <b>Semibity</b> Morbidity 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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>442X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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 **2/1**, 19**52**, to **6/9**, 19**52**, that I last saw the deceased alive on **5/12**, 19**52**, and that death occurred at **7<sup>15</sup> A.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harry T. Evans M.D.</b>		23b. ADDRESS <b>Dravson, Mo</b>		23c. DATE SIGNED <b>6/11/52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/13/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rhodes Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Protom, Taney Co, Mo</b>	
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DATE REC'D BY LOCAL REG. <b>6-14-52</b>		REGISTRAR'S SIGNATURE <b>S E Cogswell 376</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Chickering Funeral Home - Missouri</b>		ADDRESS <b>Hamsville</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

*Christa A. Rooy*

Signed.....

Student Embalmer

Licensed Embalmer No.

*3044*

P. O. Address

*Geneville 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.