

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **31362**

NEW SEP 22 1952
BIRTH NO. _____

REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **856**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY GREENE		a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield 6396	
c. LENGTH OF STAY (In this place) LIFE		d. STREET ADDRESS (If rural, give location) 1005 N Hampton	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1005 N Hampton		d. STREET ADDRESS (If rural, give location) 1005 N Hampton	
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) EARNEST			Sept. 16 1952
b. (Middle) _____			
c. (Last) Whitson			
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
MALE	2 NEGRO	SINGLE	May 13 1903
9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER	11. BIRTHPLACE (State or foreign country) Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JAMES Whitson		13b. MOTHER'S MAIDEN NAME MATTIE CARTER	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) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME FLORENCE ROBINSON ADDRESS 1005 N. HAMPTON SPRINGFIELD 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 Myocardial Insufficiency	
		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) _____ 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)	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 <u>Sept 13, 1952</u>, to <u>Sept 16</u>, 19<u>52</u>, that I last saw the deceased alive on <u>Sept 16</u>, 19<u>52</u>, and that death occurred at <u>3:45 P.m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Leoman H. Brown M.D.		23b. ADDRESS 307 1/2 College	23c. DATE SIGNED Sept 17 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-21-1952	24c. NAME OF CEMETERY OR CREMATORY HAZELWOOD CEM.	24d. LOCATION (City, town, or county) (State) Springfield Mo.
DATE REC'D BY LOCAL REG. 9-18-52	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Regina W.P. Campbell	ADDRESS 705 N Washington

(Licensed Embalmer's Statement on Reverse Side)

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

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SEP 30 1952

SEP 30 1952

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.

Signed W. P. Campbell

Signed.....
Student Embalmer

Licensed Embalmer No. 1747

P. O. Address Springfield 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.