

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37974****37974**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 161 PRIMARY REG. DIST. NO. 4107 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u>		d. STREET ADDRESS (If rural, give location) <u>West Spring Street</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Spring Street</u>				d. STREET ADDRESS (If rural, give location) <u>West Spring Street</u>				
3. NAME OF DECEASED (Type or Print) <u>Zena</u>			a. (First)	b. (Middle) <u>May</u>	c. (Last) <u>Whitesell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 28, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-12-1889</u>		9. AGE (In years last birthday) <u>63</u>	10. MONTHS	11. DAYS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Elm County, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Brian Herbert</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Mae</u>		14. NAME OF HUSBAND OR WIFE <u>Rolla Whitesell</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rolla Whitesell - El Dorado Springs</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH
				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		331X		20. AUTOPSY? 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) (Min.)		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>Jan 1943</u> to <u>Oct 28 1952</u> , that I last saw the deceased alive on <u>10/25, 1952</u> , and that death occurred at <u>3:35 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>L. J. Rimmerway M.D.</u>				23b. ADDRESS <u>El Dorado Springs</u>		23c. DATE SIGNED <u>10/29/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-31-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>OCT. 29, 1952</u>		REGISTRAR'S SIGNATURE <u>Perd E. G. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carroll ... El Dorado Springs</u>				

201  
1

---

---

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 May W. Pickering

Licensed Embalmer No. 4698

P. O. Address 2 Dorset Street

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.