

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41234**

FILED NOV 25 1952

0980

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

BIRTH NO. _____		REG. DIST. NO. <b>325</b>		PRIMARY REG. DIST. NO. <b>4477</b>		Registrar's No. <b>40</b>			
1. PLACE OF DEATH a. COUNTY <b>SCHUYLER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MO</b> b. COUNTY <b>SCHUYLER</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>GLENWOOD</b>		c. LENGTH OF STAY (in this place) <b>72</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>GLENWOOD</b>		<b>0980</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <b>GLENWOOD TS</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>IDA</b>		b. (Middle) <b>ELMA</b>		c. (Last) <b>WHITLOW</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>NOV 14-52</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOV 14-1880</b>	9. AGE (in years last birthday) <b>72</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI U</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>JOHN D JOHNSON</b>		13b. MOTHER'S MAIDEN NAME <b>MARY H SLAVEN</b>		14. NAME OF HUSBAND OR WIFE <b>HENRY E. WHITLOW</b>					
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 ADDRESS <b>Henry E Whitlow Glenwood Mo</b>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>12-20-50</b> <b>11-14-52</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hepatic Junction</b>				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: <b>5810</b>				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)		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 <b>12-20-50</b> , 19____, to <b>11-14</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>11-14</b> , 19 <b>52</b> , and that death occurred at <b>10-45 PM</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>J. Harris</b>				23b. ADDRESS <b>Dr. Lancaster Mo</b>		23c. DATE SIGNED <b>11-16-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>NOV 16-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GLENWOOD LOOF</b>		24d. LOCATION (City, town, or county) (State) <b>GLENWOOD, MO</b>				
DATE REC'D BY LOCAL REG. <b>Nov. 16, 52</b>		REGISTRAR'S SIGNATURE <b>W. S. [Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Everett R. Head Lancaster Mo</b>					

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 Everett R. Neal

Licensed Embalmer No. 4038

P. O. Address Lancaster, 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.