

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41264

State File No. \_\_\_\_\_

FILED NOV 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6/28 Registrar's No. 215

1010

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

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dea</u>		
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>Rural - Eminence Township</u> )		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>0330</u> OR TOWN <u>Salem</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles north of Em. on #19</u>			d. STREET ADDRESS (If rural, give location) <u>Holbert Hotel</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Barbara</u> b. (Middle) <u>Dean</u> c. (Last) <u>Whitaker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11/14/52</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>May 9 1933</u>	9. AGE (In years last birthday) <u>19</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>factory worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Garment</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dea Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Hershall Foster</u>		13b. MOTHER'S MAIDEN NAME <u>Jessie Gasey</u>	
14. NAME OF HUSBAND OR WIFE <u>Lary Whitaker</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>X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Foster</u>		ADDRESS <u>Salem Mo</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, arteria, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushing head injury</u>  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 <u>lasted</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>3 mile N on #19 hwy</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Eminence Township Shannon Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11/14/52-5:50</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Overturned pickup truck - Head between truck &amp;</u>	
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 <u>5:15 AM.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Charles F. Wilson D. Co. Surgeon of Shannon Co.</u>			23b. ADDRESS <u>Eminence Mo</u>		23c. DATE SIGNED <u>11-17-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11/17/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Salem Mo</u>		DATE REC'D BY LOCAL REG. <u>11-24-52</u>		REGISTRAR'S SIGNATURE <u>Mabel Raelin 447-0</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl E. Spencer</u>		ADDRESS <u>Salem Mo</u>			

JAN 18 1953

**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 Carl H. Johnson

Licensed Embalmer No. 9320

P. O. Address Salina 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.