

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

4806

State File No.

10904

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

FILED FEB 20 1953

REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4042 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lutesville</u>				c. LENGTH OF STAY (in this place) <u>2 1/2 Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bond Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>City</u>			
3. NAME OF DECEASED (Type or Print) <u>LAURA</u>			a. (First) <u>Whitaker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 23, 1877</u>	
9. AGE (in years last birthday) <u>75</u>		10. MONTHS <u>9</u>		11. DAYS <u>19</u>		12. IF UNDER 14 HRS. Hours Min.	
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			
11. BIRTHPLACE (City and State or foreign country) <u>McLean County, Kentucky</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>(Unknown) Waltrip</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Waltrip</u>			
14. NAME OF HUSBAND OR WIFE <u>Robert Whitaker (Deceased)</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 <u>Mrs. Jack Clayton, Cape Girardeau, Mo.</u>				ADDRESS			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intermittent heart disease</u> DUE TO (c) <u>4200</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Osteoporosis</u>			
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) (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>1/2</u> , 19 <u>50</u> , to <u>2/11</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2/11</u> , 19 <u>53</u> , and that death occurred at <u>8:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John J. Myers M.D.</u>				23b. ADDRESS <u>Lutesville, Mo.</u>		23c. DATE SIGNED <u>2/16/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 16, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clarkton, Missouri R.1</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 17-53</u>		REGISTRAR'S SIGNATURE <u>Willie H. Cunningham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home, Campbell, Mo.</u>		ADDRESS	

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

Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.