

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8929

FILED MAR 23 1953

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 338	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY De Kalb			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Joseph		c. LENGTH OF STAY (In this place) 6 days		c. CITY (If outside corporate limits, write RURAL and give township) Weatherly		0320	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital				d. STREET ADDRESS (If rural, give location) R #2.			
3. NAME OF DECEASED (Type or Print) Lela O		a. (First) Opel		c. (Last) Whiteaker		4. DATE OF DEATH (Month) (Day) (Year) March 15, 1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 27, 1896	
9. AGE (In years last birthday) 36		10. UNDER 1 YEAR Months Days		11. UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) De Kalb County, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME U. S. Wright		13b. MOTHER'S MAIDEN NAME Myrtle Reed		14. NAME OF HUSBAND OR WIFE Lester Whiteaker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lester Whiteaker Weatherly, 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) <u>Adenoma thyroid</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with toxicity</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thyroid crisis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>3 days</u>	
19a. DATE OF OPERATION 3-10-53		19b. MAJOR FINDINGS OF OPERATION <u>Thyroidectomy</u>				20. AUTOPSY? YES <input checked="" 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 2-2-1953 to 15 Mar, 1953 that I last saw the deceased alive on 15 Mar, 1953 and that death occurred at 6:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. W. P. Lee M.D.</u>				23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 3-15-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 18, 1953		24c. NAME OF CEMETERY OR CREMATORY Christian Chapel Cem.		24d. LOCATION (City, town, or county) (State) De Kalb, County, Missouri.	
DATE REC'D BY LOCAL REG. Mar 19, 1953		REGISTRAR'S SIGNATURE <u>Ray P. Belmont</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Meierhoffer-Kleiman Funeral Home, Inc.</u> St. Joseph, Mo.			

Report, Registrar Licensed Embalmer's Statement on Reverse Side)

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

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.....

Elbert C. Harrington

Licensed Embalmer No.3258 Missouri....

P. O. Address St. Joseph, Missouri.

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.