

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15209

State File No.

FILED APR 27 1953

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>137</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u> b. CITY OR TOWN <u>Sedalia</u> c. LENGTH OF STAY (In this place) <u>10 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>521 N. Ohio, St.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> c. CITY OR TOWN <u>Sedalia</u> d. STREET ADDRESS (If rural, give location) <u>521 N. Ohio</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clifford</u> b. (Middle) <u>Olander</u> c. (Last) <u>Whitney</u>				4. DATE OF DEATH (Month) <u>April</u> (Day) <u>22</u> (Year) <u>1953</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 2, 1909</u>	
9. AGE (In years last birthday) <u>44 yrs.</u>		10a. USUAL OCCUPATION (How kind of work done during most of working life, even if retired) <u>Machinist Helper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Pettis County, Sedalia, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles B. Whitney</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Jane Welton</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Lillian Whitney</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lillian Whitney - Sedalia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Tumor</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Not Known.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>No</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>			
19a. DATE OF OPERATION <u>No</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		239X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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) (Minute)		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>4/21</u> , 19 <u>53</u> , to <u>4/22</u> , 19 <u>53</u> that I last saw the deceased alive on <u>4/21</u> , 19 <u>53</u> , and that death occurred at <u>54</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. J. E. Miller MD</u>				23b. ADDRESS <u>Sedalia, Mo</u>		23c. DATE SIGNED <u>4/24/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 25, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/25-1953</u>		REGISTRAR'S SIGNATURE <u>R. Campbell MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Funeral Home 400 W. Carson St</u>			

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

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JUN 26 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 _____

Eric Aldrich

Licensed Embalmer No. *4245*

P. O. Address *Sedalia 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.