

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 30 1953  
BIRTH NO. REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **4244** Registrar's No. **98**

0490

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

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carterville Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carterville, Mo.</b>	
c. LENGTH OF STAY (in this place) <b>lifetime</b>		d. STREET ADDRESS (If rural, give location) <b>203 S. Jefferson St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>203 S. Jefferson St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alta</b>		b. (Middle) <b>Pauline</b>	
c. (Last) <b>Whitledge</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 21, 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 4, 1901</b>
9. AGE (In years last birthday) <b>51</b>		10. MONTHS <b>7</b> DAYS <b>17</b> HOURS <b></b> MIN. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Employee of Miller Mfg. Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>2 Miles N.E. of Carterville Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Charles L. Morgan</b>		13b. MOTHER'S MAIDEN NAME <b>Viola Mansur</b>	
14. NAME OF HUSBAND OR WIFE <b>Charles Whitledge</b>		A.	
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>500-01-5383</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Charles Whitledge</b>		ADDRESS <b>Carterville</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Neurothage (Lungs)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 Min.</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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. <b>None apparent.</b>			
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)		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 _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at <b>9:25 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Geordie M. D.</b> (Degree or title)		23b. ADDRESS <b>222 So. Webb City, Mo.</b>	
23c. DATE SIGNED <b>6/27/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-24-53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Carterville Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Carterville, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6-24-53</b>		REGISTRAR'S SIGNATURE <b>Madeline Surtz</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Johnston-Arnce-Simpson</b>		ADDRESS <b>Webb City, Mo.</b>	

RECEIVED 6-29-53  
Jasper County Health Office  
County File Number 53-6-532  
Date Filed 6-29-53

1953  
F. MAY

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 Jack C. Simpson

Licensed Embalmer No. 11647

P. O. Address Webb City, 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.