

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**24088**

FILED AUG 11 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 270

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Callaway</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>	c. LENGTH OF STAY (in this place) <u>15 yrs</u>	c. CITY OR TOWN <u>Wyaconda</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>State Hospital #1</u>		e. STREET ADDRESS (If rural, give location) <u>0239</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>John</u>	b. (Middle)	c. (Last) <u>Whitehead</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Aug 5 1953</u>
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<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>divorced</u>	<b>8. DATE OF BIRTH</b> <u>April 4 1889</u>	<b>9. AGE</b> (In years last birthday) <u>64</u>	<b>IF UNDER 1 YEAR</b> Months <u>4</u>	<b>IF UNDER 2 HRS.</b> Days <u>1</u> Hours <u>1</u> Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>farm laborer</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farming</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>James Whitehead</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Carloine Blattner</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>-----</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>	<b>16. SOCIAL SECURITY NO.</b> <u>unknown</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>State Hospital records</u>	<b>ADDRESS</b> <u>Fulton, Mo.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Chronic Myocarditis</u>	<b>DUE TO (b)</b> <u>Syphilitic Meningo-encephalitis</u>		
<b>ANTECEDENT CAUSES</b>  <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	<b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	<u>025X</u>		

<b>19a. DATE OF OPERATION</b> <u>none</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from July 30, 1953, to Aug 5, 1953, that I last saw the deceased alive on Aug 5, 1953, and that death occurred at 10:45 A.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>[Signature]</u>	(Degree or title) <u>M.D.</u>	<b>23b. ADDRESS</b> <u>State Hospital #1</u>	<b>23c. DATE SIGNED</b> <u>8/5/53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial Aug 7-53</u>	<b>24b. DATE</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Blattner cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Wyaconda MO</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Aug 5-1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Maretha Lawrence</u>	<b>426</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Geo V. Bostedt</u>	<b>ADDRESS</b> <u>Wyaconda</u>
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Geo V. Baskin*.....

Licensed Embalmer No.....

P. O. Address *Wyo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.