

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

24520

State File No.

FILED JUL 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>2022</u>		Registrar's No. <u>72</u>									
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Main St.</u>		d. STREET ADDRESS (If rural, give location) <u>Bethany, Mo.</u>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No</u>				d. STREET ADDRESS (If rural, give location) <u>Bethany, Mo.</u>											
3. NAME OF DECEASED (Type or Print)			a. (First) <u>George</u>			b. (Middle) <u>Bert</u>			c. (Last) <u>Whitehead</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-20-53</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>7-7-1882</u>		9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>11</u>		IF UNDER 10 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Jessie Whitehead</u>				13b. MOTHER'S MAIDEN NAME <u>Isaphine Fergus</u>				14. NAME OF HUSBAND OR WIFE <u>Lillie</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>Lillie Whitehead</u>				ADDRESS <u>Bethany, 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES <u>Myocardial Weakness</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Debility of age</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERNAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>794X</u>								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. AGENT AGENT AGENT (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 <u>July 1953</u> to <u>July 20, 1953</u> that I last saw the deceased alive on <u>July 20, 1953</u> , and that death occurred at <u>9:45 P.M.</u> , from the causes and on the date stated above.															
23a. SIGNATURE (Degree or title) <u>A. R. Easton M.D.</u>						23b. ADDRESS <u>Bethany, Mo.</u>				23c. DATE SIGNED <u>July 23, 1953</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/22/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Miriam</u>				24d. LOCATION (City, town, or county) (State) <u>Bethany, Mo.</u>							
DATE REC'D BY LOCAL REG. <u>7/22/53</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>M. H. ...</u>		ADDRESS <u>Bethany, Mo.</u>							

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

JUL 30 1954

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 _____

M. B. Lee

Licensed Embalmer No. 3899

P. O. Address Bethany, 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.