

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29650

State File No. ....

No. 300  
10.48

FILED AUG 31 1953

REG. DIST. NO. 294

PRIMARY REG. DIST. NO. 3036

Registrar's No. 217

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>RANDOLPH</b>                   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>MO.</b> b. COUNTY <b>RANDOLPH</b> |  |
| b. CITY OR TOWN <b>MOBERLY</b>                                   |  | c. CITY OR TOWN <b>MOBERLY</b>   |  |
| c. LENGTH OF STAY (in this place) <b>60 DAYS</b>                 |  | d. STREET ADDRESS (If rural, give location) <b>828 BOND</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>WHITAKER HOSPITAL</b> |  |  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>EMMA</b> b. (Middle) <b>LOUISE</b> c. (Last) <b>WHITTEN</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>NOV 25 1953</b> |  |  |
| 5. SEX <b>FEMALE</b>   |  | 6. COLOR OR RACE <b>WHITE</b>                                      |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>  |  |
| 8. DATE OF BIRTH <b>NOV 2, 1871</b>  |  | 9. AGE (In years last birthday) <b>82</b>                          |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b> |  |
| 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b> |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME <b>EARNEST MILLER</b>                          |  | 13b. MOTHER'S MAIDEN NAME <b>MARY SUPPU</b> |  | 14. NAME OF HUSBAND OR WIFE <b>FISHER</b>                                       |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) |  | 16. SOCIAL SECURITY NO.                     |  | 17. INFORMANT'S SIGNATURE OR NAME <b>MRS. - DAVIS</b> ADDRESS <b>MOBERLY MO</b> |  |

|  |  |   |  |  |                                  |
|--|--|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION   |  |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the liver and pancreas</b>  |  | DUE TO (b) _____  |  |  | 2 mos                            |
| ANTECEDENT CAUSES  |  | DUE TO (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. |  | II. OTHER SIGNIFICANT CONDITIONS  |  |  |                                  |
|  |  | Conditions contributing to the death but not related to the disease or condition causing death. |  |  |                                  |

|   |  |  |  |   |  |  |
|---|--|--|--|---|--|--|
| 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 June 24, 1953, to Aug 25, 1953, that I last saw the deceased alive on Aug 25, 1953, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 23a. SIGNATURE (Degree or title) <b>E. T. Whitaker M.D.</b>           |  | 23b. ADDRESS <b>200 S. 7th Moberly Mo</b>  |  | 23c. DATE SIGNED <b>8-26-53</b>                            |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>               |  | 24b. DATE <b>AUG 27 1953</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>ORCLAND CEMETERY</b> |  |
| 24d. LOCATION (City, town, or county) (State) <b>MOBERLY MISSOURI</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul Wheeler</b> ADDRESS <b>How Funeral Home Moberly, MO</b> |  |  |  |
| DATE REC'D BY LOCAL REG <b>Aug 25 53</b>                              |  | REGISTRAR'S SIGNATURE <b>269-20</b>  |  |  |  |

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

OCT 7 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

*Jerry R. Carter*

Licensed Embalmer No. *4906*

P. O. Address *Moberly, 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.