

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30853

State File No. ....

FILED SEP 1 - 1953

151

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pals</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bolivar</u>	
c. LENGTH OF STAY (in this place) <u>0-5-16</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u> b. (Middle) <u>Deena</u> c. (Last) <u>Whitman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8. 24. 53</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>JAN. 17, 1910</u>		9. AGE (In years last birthday) <u>43</u>		IF UNDER 1 YEAR Months <u>?</u> Days <u>?</u>		IF UNDER 24 HRS. Hours <u>?</u> Min. <u>?</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Registered Nurse</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing</u>			11. BIRTHPLACE (State or foreign country) <u>Bolivar Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>Otis Whitman</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Brown</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>2536-24-NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Otis Anderson Sister</u>				ADDRESS <u>Bolivar Mo</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>suicide by cutting jugular vein with piece of Barber Light Bulb.</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Barber shop</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington Twp Vernon Mo</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8. 24. 1953. 2:45 P.M.</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>While Light Bulb and Stabbed Neck Struck Jugular Vein</u>	
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22. I hereby certify that I attended the deceased from 8-24-1953, to 8-24-1953, that I last saw the deceased alive on 8-24-1953, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W.D. Whitman Coroner</u> <u>Paul S. Barone M.D.</u> <u>J.R. Burch M.D.</u>			23b. ADDRESS <u>Nevada Mo</u> <u>State Hosp #3 Nevada Mo</u> <u>State Hospital #3 Nevada Mo</u>			23c. DATE SIGNED <u>Aug 24/53</u>		
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24a. BURIAL, CREMATION REMOVAL (specify) <u>Removal</u>		24b. DATE <u>8-24-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bolivar, Missouri</u>			
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DATE REC'D BY LOCAL REG. <u>8-24-53</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Eichinger Funeral Home</u>				ADDRESS <u>Nevada, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 embalmed by me, or by \_\_\_\_\_

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Henry F. Milster*  
.....

Licensed Embalmer No. 4803  
.....

P. O. Address Nevada, Mo  
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**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.