

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31156

State File No.

FILED OCT 15 1953

43

5135

416

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <p align="center">Butler</p>		a. STATE <p align="center">Missouri</p>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Poplar Bluff		c. CITY OR TOWN <p align="center">Poplar Bluff,</p>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <p align="center">Life</p>		e. STREET ADDRESS (If rural, give location) <p align="center">Hy 60, E 0120</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Hy 60 E. Ash Hill Top</p>			
3. NAME OF DECEASED			4. DATE OF DEATH
a. (First) <p align="center">Matilda</p>			(Month) (Day) (Year) <p align="center">9-24-53</p>
b. (Middle)			
c. (Last) <p align="center">Whitmer</p>			
5. SEX <p align="center">Female</p>	6. COLOR OR RACE <p align="center">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <p align="center">Widowed</p>	8. DATE OF BIRTH <p align="center">7-4-74</p>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Housewife</p>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <p align="center">79</p>
		11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Missouri</p>	12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p>
13a. FATHER'S NAME <p align="center">Unknown</p>		13b. MOTHER'S MAIDEN NAME <p align="center">Unknown</p>	14. NAME OF HUSBAND OR WIFE <p align="center">Henry G. Whitmer</p>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">No</p>		16. SOCIAL SECURITY NO. <p align="center">None</p>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p align="center">Lee Whitmer, Poplar Bluff, Mo.</p>
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)			INTERVAL BETWEEN ONSET AND DEATH
<p align="center">MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.</p>			<p align="center">2 yrs.</p>
DUE TO (b) <u>arteriosclerosis</u>			<p align="center">10 yrs.</p>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death			<p align="center">18 mo.</p>
<p align="center">Carcinoma of liver - positive clinical diagnosis of 221 H</p>			
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) m.	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 15 Aug, 1953, to 24 Sept, 1953, that I last saw the deceased alive on 22 Sept, 1953, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <p align="center">Cyril A. Post MD</p>		23b. ADDRESS <p align="center">Poplar Bluff, Mo.</p>	23c. DATE SIGNED <p align="center">9/25/53</p>
24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>	24b. DATE <p align="center">9-28-53</p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center">Woodlawn</p>	24d. LOCATION (City, town, or county) (State) <p align="center">Poplar Bluff, Mo.</p>
DATE REC'D BY LOCAL REG. <p align="center">10/5/53</p>	REGISTRAR'S SIGNATURE <p align="center">[Signature]</p>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p align="center">Greer Croy & Fitch Poplar Bluff Mo.</p>	

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

RECEIVED

OCT 13 1953

BUTLER CO. HEALTH CENTER

FILE No. _____

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 _____
Signature of Student Embalmer

Signature *William N. Fitch*

Licensed Embalmer No. _____ 38
P. O. Address Poplar Bluffs

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.