

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39874

State File No. ....

FILED NOV 30 1953

BIRTH NO. ....		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>3049</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Demarcat</u>				2. USUAL RESIDENCE (Where deceased lived, or if in institution: residence before admission) a. STATE <u>Mo.</u> COUNTY <u>Demarcat</u>			
b. CITY OR TOWN <u>Hasty</u>		c. LENGTH OF STAY (in this place township) <u>10 days</u>		c. CITY OR TOWN <u>Demarcat</u>		d. STREET ADDRESS <u>Unknown 8030 8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Demarcat Memorial</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>B.</u>			c. (Last) <u>Whitten</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 18 1953</u>							
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Unknown</u>	
9. AGE (In years if under 1 year, in months, days, hours, min.) <u>about 9 yrs</u>							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labgar</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>	
11. BIRTHPLACE (City and State or Foreign Country)			12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or date of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Record</u> ADDRESS		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Renal-Vascular disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 w</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>					
		DUE TO (c)					
		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)			
				<u>Hasty, Demarcat, Mo.</u>			
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>11-14</u> , 19 <u>53</u> , to <u>11-8</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11-18</u> , 19 <u>53</u> , and that death occurred at <u>1:50</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. J. Aguirre</u> (Degree or title)				23b. ADDRESS <u>Camburville, Mo.</u>		23c. DATE SIGNED <u>4-27-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-19-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Camburville Mo</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>11-21-53</u>		REGISTRAR'S SIGNATURE <u>John St. Herman</u> 406-6		25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge Mfg Co. Camburville</u> ADDRESS			

(Licensed Embalmer's Signature on Reverse Side)

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

11-373-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

NOV 25 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

*Noel C. Dean*

Licensed Embalmer No. 3941

P. O. Address Caruthersville

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.