

## STANDARD CERTIFICATE OF DEATH

State File No. **42464**

FILED DEC 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **468** Registrar's No. **60**

1. PLACE OF DEATH a. COUNTY <b>DeKalb</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>DeKalb</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Maysville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Maysville</b>	
c. LENGTH OF STAY (in this place) <b>5yrs</b>		d. STREET ADDRESS (If rural, give location) <b>D</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>NELLIE</b>	b. (Middle) <b>MARTHA</b>	c. (Last) <b>WHITFIELD</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 30 1953</b>
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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>Oct. 15 1879</b>	9. AGE (In years last birthday) <b>74</b>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Hatfield Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Jasper Johnson</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Griffin</b>	14. NAME OF HUSBAND OR WIFE <b>Elbert Whitfield</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jennie Ketchem, Amity Mo. (R.F.D.)</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Endocarditis</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 <b>4214</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **May**, 19**46**, to **Nov. 30**, 19**53**, that I last saw the deceased alive on **Nov. 30**, 19**53**, and that death occurred at **2:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. Harold Fowler</b>	(Degree or title)	23b. ADDRESS <b>Maysville Missouri</b>	23c. DATE SIGNED <b>12/2-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/3-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn</b>	24d. LOCATION (City, town, or county) (State) <b>Maysville Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12-10-53</b>	REGISTRAR'S SIGNATURE <b>Wm. Harold Fowler</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>PILCHER FUNERAL HOME</b>	ADDRESS <b>MAYSVILLE, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....



O.T. Pilcher

Signed.....  
Student Embalmer

Licensed Embalmer No..... 3960

P. O. Address Maysville 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.