

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1954

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 12

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

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trikeville</u>		c. LENGTH OF STAY (in this place) <u>46 Hours</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Callao</u>		0610 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trikeville Osteopathic Hospital</u>		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u> b. (Middle) <u>ELBA</u> c. (Last) <u>Whitfield</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-15-54</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>7-4-1882</u>
9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>11</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>CAL Kelley</u>	13b. MOTHER'S MAIDEN NAME <u>SALLY Lewis</u>	14. NAME OF HUSBAND OR WIFE <u>Ervin Whitfield</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>J. E. Holman</u> ADDRESS <u>Macon, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary fracture</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Shock Syndrome</u> DUE TO (c) <u>2nd & 3rd degree burns of body</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		E979X	
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>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Callao</u> <u>Macon</u> <u>Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-13-54</u> <u>3:30 pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>1-12-54</u> , 19 <u>54</u> , to <u>1-15</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1-15-54</u> , 19 <u>54</u> , and that death occurred at <u>1:25 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Lester Skilton</u> <u>Coroner</u>		23b. ADDRESS <u>Macon, Mo.</u>	23c. DATE SIGNED <u>Jan 19 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-17-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evan Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Revin</u> <u>Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-21-54</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. E. Edwards</u> ADDRESS <u>Revin, Mo.</u>	

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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 *H. G. Edwards*

Licensed Embalmer No. *1961*

P. O. Address *Bevier, 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.