

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

1939

State File No.

No. 300
10.48

FILED JAN 25 1954

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 6

0560
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Louisa</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Belle Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Letts Iowa</u>	
c. LENGTH OF STAY (in this place) <u>8 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>RR 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Patrick Nurseing Home</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Rosa</u>	b. (Middle) <u>Bell</u>	c. (Last) <u>Whiteley</u>	(Month) <u>Jan</u>	(Day) <u>14</u>	(Year) <u>1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 9 1863</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>5</u>
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	11. BIRTHPLACE (State or foreign country) <u>Carthage Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>James Harrison</u>	13b. MOTHER'S MAIDEN NAME <u>Emily Baker Spangler</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas B Whiteley</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Glen F. Whiteley</u> ADDRESS <u>Letts, Ia.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		
	ANTECEDENT CAUSES Morbid 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 <u>Diabetic gangrene of right foot</u>		<u>1 wk.</u>	

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)	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 Oct. 8, 1953, to Jan. 14, 1954, that I last saw the deceased alive on Jan. 14, 1954, and that death occurred at 4:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harry J. Brocken</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>La Belle, Missouri</u>	23c. DATE SIGNED <u>1/16/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 17 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knox City Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Knox City Missouri</u>

DATE REC'D BY LOCAL REG. <u>1/19/54</u>	REGISTRAR'S SIGNATURE <u>P. W. Jennings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. J. Seeger</u> ADDRESS <u>Knox City Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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, _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina, 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.