

STANDARD CERTIFICATE OF DEATH

4507

State File No.

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 175

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY OR TOWN Springfield	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 week		e. STREET ADDRESS (If rural, give location) 1031 West State	
d. FULL NAME OF HOSPITAL OR INSTITUTION Baptist Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) IVONA	b. (Middle) WHITAM	c. (Last) BRYANT	4. DATE OF DEATH (Month) (Day) (Year) February 11 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 1, 1867	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Perry Whittam	13b. MOTHER'S MAIDEN NAME Rachel Dillon	14. NAME OF HUSBAND OR WIFE ---
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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) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Pearl Hurt, San Benito, Texas	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, asphyxia, 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) Cerebral hemorrhage		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture left femur DUE TO (c) E9040M 21		5 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of heart		Several years	

19. DATE OF OPERATION Feb. 7 1954	19b. MAJOR FINDINGS OF OPERATION Intertrochanteric fracture left femur	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.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield Greene MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 4 1954	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall in bedroom
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22. I hereby certify that I attended the deceased from **Feb 4, 1954**, to **Feb 11, 1954**, that I last saw the deceased alive on **Feb 10, 1954**, and that death occurred at **12:55** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Daniel L Yancey M.D.	23b. ADDRESS Springfield mo	23c. DATE SIGNED Feb 13 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 13, 1954	24c. NAME OF CEMETERY OR CREMATORY Bassville Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
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DATE REC'D BY LOCAL REG. 2-15-54	REGISTRAR'S SIGNATURE Edith Williams	FUNERAL DIRECTOR'S SIGNATURE Jewell E. Winkle	ADDRESS Springfield, Mo
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Dr
No

600
1926

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

Signed..... *Carl J. Glenn*

Licensed Embalmer No..... 4707

P. O. Address.. Springfield,.

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.