No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5227

BIRTH NO. FILED MAR 3 1954 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 90

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

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin
c. LENGTH OF STAY (in this place) 60 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1905 Wall Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin
d. STREET ADDRESS (If rural, give location) 1905 Wall Street., 0495 0

3. NAME OF DECEASED (Type or Print) a. (First) MRS ELIZABETH b. (Middle) c. (Last) WHITMAN

4. DATE OF DEATH (Month) (Day) (Year) 2-15-1954

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 1-19-1859
9. AGE (In years last birthday) 95 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Homemaking
11. BIRTHPLACE (State or foreign country) Don't Know 9
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Don't Know
13b. MOTHER'S MAIDEN NAME Don't Know
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Geo Lockhart. 1905 Wall ADDRESS Joplin Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis (generalized) Fr. stomach — INTERVAL BETWEEN ONSET AND DEATH 15 yrs

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4500
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1954, *to* Feb 15, 1954, *that I last saw the deceased alive on* Feb 15, 1954, *and that death occurred at* 2:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE G. A. Schulte, M. D. (Degree or title)
23b. ADDRESS 421 Frisco Bldg, Joplin, Mo
23c. DATE SIGNED 2/16/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-17-1954
24c. NAME OF CEMETERY OR CREMATORY Osborne Mem.
24d. LOCATION (City, town, or county) Joplin (State) Mo

DATE REC'D BY LOCAL REG. 2-27-54
REGISTRAR'S SIGNATURE Ed D. James by Dolores Lampkins 138
25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mortuary, ADDRESS Joplin, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 1 195
Jasper County Health Office
County File Number 54-3-12
Date Filed MAR 2 1954

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 David Nelson

Signed.....
Student Embalmer

Licensed Embalmer No. 3898

P. O. Address Joplin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.