

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9361**

BIRTH NO. FILED **MAR 17 1954** REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041** Registrar's No. **182**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1313 North Rutherford		d. STREET ADDRESS (If rural, give location) 1313 North Rutherford	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Ann c. (Last) Whitehead			4. DATE OF DEATH (Month) (Day) (Year) Feb. 2, 1954		
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 9, 1865	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 2 Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housekeeping		11. BIRTHPLACE (State or foreign country) Macon County	
12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME John Peters		13b. MOTHER'S MAIDEN NAME Eva Shears		14. NAME OF HUSBAND OR WIFE A.L. Whitehead	
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 ADDRESS A.L. Whitehead, Macon, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma breast c metastasis				INTERVAL BETWEEN ONSET AND DEATH 2-3 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. Malnutrition secondary to specific condition					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 170X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **3-17**, 19**53**, to **2-2**, 19**54**, that I last saw the deceased alive on **5-21**, 19**53**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward M. [Signature]		23b. ADDRESS Macon, Mo		23c. DATE SIGNED 2-4-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 5, 1954		24c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery	
24d. LOCATION (City, town, or county) (State) Macon, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. Reeler, Macon, Mo.			
DATE/REC'D BY LOCAL REG. 3/2/54		REGISTRAR'S SIGNATURE Auth Mcneely 185			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3. 11. 54
MACON COUNTY HEALTH DEPARTMENT
County File No. 3,5431
Date Filed 3. 12. 54

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

R. L. Blair

Licensed Embalmer No. 4472

P. O. Address. Macon, Ga.

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.