

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **9594**

BIRTH NO.

REG. DIST. NO. **274**PRIMARY REG. DIST. NO. **3052**Registrar's No. **131****6551-54****FILED MAR 29 1954**

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia 0800			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				d. STREET ADDRESS (If rural, give location) R.T.D. #1			
3. NAME OF DECEASED (Type or Print) a. (First) PATRICIA b. (Middle) MARIE c. (Last) Whitney				4. DATE OF DEATH (Month) (Day) (Year) March 26 1954			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Jan - 23 - 1954	
9. AGE (In years last birthday) 2		10. MONTHS 3		11. DAYS 3		12. HOURS 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) Marshall Mo				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Arnell Whitney				13b. MOTHER'S MAIDEN NAME Virginia Mergen			
14. NAME OF HUSBAND OR WIFE							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 491X			
17. INFORMANT'S SIGNATURE OR NAME Mrs Virginia Whitney				ADDRESS			
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.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Bronchial, Exacerbated 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			
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) m.				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 25 Mar, 1954 , to 26 Mar, 1954 , that I last saw the deceased alive on 26 Mar, 1954 , and that death occurred at 1:15 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE P. V. Siegel MD (Degree or title)				23b. ADDRESS Smithton Mo			
23c. DATE SIGNED 3/26/54							
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal				24b. DATE Mar - 26 - 54			
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial				24d. LOCATION (City, town, or county) (State) Marshall Mo			
DATE REC'D BY LOCAL REG. 3-26-54				REGISTRAR'S SIGNATURE W. J. Campbell MD			
FURNERAL DIRECTOR'S SIGNATURE M. C. Laughlin Bros				ADDRESS Sedalia			

(Licensed Embalmer's Statement on Reverse Side)

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

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

K. P. M. L. Enary

Licensed Embalmer No. *3153*

P. O. Address

Sedalia 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.