

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11018**

FILED MAR 29 1954

BIRTH NO. 904		REG. DIST. NO. 362		PRIMARY REG. DIST. NO. 4531		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY Warren				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis c. CITY (If outside corporate limits, write RURAL and give township) Warrenton c. LENGTH OF STAY (in this place) 17 days c. CITY (If outside corporate limits, write RURAL and give township) St. Louis d. STREET ADDRESS 6474 (if not a farm or plantation) Scanlan			
3. NAME OF DECEASED a. (First) Alta b. (Middle) Mae c. (Last) Whiteside				4. DATE OF DEATH (Month) March (Day) 19 (Year) 1954			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 14, 1883	
9. AGE (In years) 71		IF UNDER 1 YEAR Months 7 Days 1		IF UNDER 1 YEAR Hours 1 Min.		10. USUAL OCCUPATION (Give kind of work if not a profession, working life, even if retired) Housewife	
10a. USUAL OCCUPATION (Give kind of work if not a profession, working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Gamma, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John P. Ross			13b. MOTHER'S MAIDEN NAME Virginia Davidson			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) NO		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. H. M. Ross ADDRESS 6474 Scanlan			
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) Pneumonia Bilateral Hypostatic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Senile Degeneration				INTERVAL BETWEEN ONSET AND DEATH 6 days	
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)	
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 March 2, 1954 , to March 14, 1954 , that I last saw the deceased alive on March 17, 1954 , and that death occurred at 8:25 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS [Address]		23c. DATE SIGNED 3-23-54	
24a. BURIAL, CREMATION, DISPOSAL (Specify)		24b. DATE March 22, 1954		24c. NAME OF CEMETERY OR CREMATORY Montgomery Cemetery		24d. LOCATION (City, town, or county) (State) Montgomery City, Mo.	
DATE REC'D BY LOCAL REG 3-24-54		REGISTRAR'S SIGNATURE Lloyd Logan		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Montgomery City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 29 1951

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. _____

Student
Student Embalmer

Signed *E. Boone Schlanke*

Licensed Embalmer No. *4136*

P. O. Address *Montgomery City, Md.*

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.