

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17933

State File No.

No. 300
10.48

BIRTH NO. FILED JUN 28 1954 REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5716 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Bourbon Ts.)	c. LENGTH OF STAY (in this place) township) 50 yrs	c. CITY OR TOWN Rural	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone Co., Missouri		f. STREET ADDRESS (If rural, give location) Rural, Bourbon Township 6100	

3. NAME OF DECEASED (Type or Print) a. (First) Virgil b. (Middle) Amos c. (Last) Whitesides	4. DATE OF DEATH (Month) (Day) (Year) June - 19 - 1954			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10-24-1878	9. AGE (in years) last birthday) 75 yrs F UNDER 1 YEAR Months 7 Days 25 Hours --- Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Boone Co., Missouri	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME J. W. Whitesides	13b. MOTHER'S MAIDEN NAME Alice Rowland	14. NAME OF HUSBAND OR WIFE Pearl Gulick Whitesides
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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 ADDRESS Mrs. Pearl G. Whitesides, Clark, Mo. R2
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 78 hrs 2 1/2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Branchio Proneuria	HEMIPLEGIA - RIGHT	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. speech	DUE TO (b)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 334 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **March 19, 1954** to **June 18, 1954** that I last saw the deceased alive on **June 18, 1954**, and that death occurred at **Boone Co., Missouri**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D.	23b. ADDRESS Boone Co., Missouri	23c. DATE SIGNED 6-19-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 21, 1954	24c. NAME OF CEMETERY OR CREMATORY Perche Cemetery	24d. LOCATION (City, town, or county) (State) Boone Co., Missouri
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DATE REC'D BY LOCAL REG. June 21-1954	REGISTRAR'S SIGNATURE Maud Mc Bride	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edna Sturgeon
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

JUN 29 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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Bill J. Mesbro*.....

Licensed Embalmer No. *4874*

P. O. Address *Sturgeon, Minn.*

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.