

FILED SEP 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26186

BIRTH NO.		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 15-6	
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Montgomery			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. LENGTH OF STAY in the place 10 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville			
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital				d. STREET ADDRESS (If rural, give location) 200 E. Water			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) BARTHOLOMEW		c. (Last) WHITEHEAD		4. DATE OF DEATH (Month) (Day) (Year) Sept. 7 1954	
5. SEX Male <input type="radio"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 5 1875	
9. AGE (In years last birthday) 78		10. UNDER 1 YEAR Months 10		11. UNDER 1 YEAR Days 2		12. UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work if not under 1 year of service) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Montgomery County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME George Whitehead		13b. MOTHER'S MAIDEN NAME Annie Hogan		14. NAME OF HUSBAND OR WIFE Mrs. Grace 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 AND ADDRESS Mrs. Neil Ranick St. Louis, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach				INTERVAL BETWEEN ONSET AND DEATH 2 years	
		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)		151 X	
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 7, 1954, to Sept 7, 1954, that I last saw the deceased alive on Sept 7, 1954 and that death occurred at 7:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Charles L. Garcia MD				23b. ADDRESS Mexico Mo		23c. DATE SIGNED 9-10-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9/10/54		24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery		24d. LOCATION (City, town, or county) (State) Wellsville, Missouri	
DATE REC'D BY LOCAL REG. Sept-10-1954		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE B B Wells Wellsville Mo		ADDRESS	

(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 *A. B. Wells* _____

Licensed Embalmer No. *588* _____

P. O. Address *Hillsdale W.* _____

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.