

FILED SEP 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26649

State File No.

BIRTH NO. 57261-54 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 234

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY St. L. City	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City,		c. LENGTH OF STAY (in this place) 2 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION 712 Washington St.		d. STREET ADDRESS (If rural, give location) 1617 Rear Hogan St.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Phillip	b. (Middle) Boyd	c. (Last) Whitley	(Month) Sept.	(Day) 6	(Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH August 1 1954	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 1
IF UNDER 1 YEAR Days 5	IF UNDER 1 HR. Hours 1	IF UNDER 1 HR. Min. 5	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A		

13a. FATHER'S NAME Dexter C. Whitley	13b. MOTHER'S MAIDEN NAME Lula Mary Maddox	14. NAME OF HUSBAND OR WIFE -----
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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) -----	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Dexter C. Whitley	ADDRESS 167 R. Hogan St. St. Louis, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia	DUE TO (b) _____		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) 493 X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Baby found dead in bed about 2 hours after feeding - + from parents description - apparently Pneumonia			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
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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.)	CITY, TOWN, OR TOWNSHIP type Unknown	(COUNTY)	(STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John S. Bennett, M.D.	23b. ADDRESS Jefferson City, Mo.	23c. DATE SIGNED 9-6-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 7 1954	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
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DATE REC'D BY LOCAL REG. Sept 8 1954	REGISTRAR'S SIGNATURE R.P. Davis MD - R 8	25. FUNERAL DIRECTOR'S SIGNATURE Anderson Lamm	ADDRESS 700 Jefferson St.
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(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.

NOT EMBALMED

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.