

FILED OCT 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33762

State File No.

470
51

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

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Arcadia</u>)		c. LENGTH OF STAY (in this place) <u>9 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Arcadia</u> <u>0920</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Home for Aged Baptist</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 Miles E. on Highway 70</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u>		b. (Middle) <u>Drusillia</u> c. (Last) <u>Whitener</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20, 1954</u>		5. SEX <u>Female</u> / 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify)		8. DATE OF BIRTH <u>Jan. 20, 1869</u>	
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	
11. BIRTHPLACE (State or foreign country) <u>Coldwater, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Charles Wesley Creasy</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Ann Wallace</u>	
14. NAME OF HUSBAND OR WIFE <u>H. M. Whitener</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John H. Burney, Ironton, Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Peritonitis</u> 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 <u>490X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <u>Sept 9, 1954</u> , to <u>Sept 20, 1954</u> , that I last saw the deceased alive on <u>Sept 19, 1954</u> , and that death occurred at <u>12:20 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>E. M. Guthabrock M.D.</u>		23b. ADDRESS <u>Leeterville MO</u>	
23c. DATE SIGNED <u>9/21/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>9/22/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>		24e. DATE REC'D BY LOCAL REG. <u>10-26-54</u>	
REGISTRAR'S SIGNATURE <u>Mrs. Lois Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Pederson - FREDERICKTOWN, MO.</u>	
ADDRESS _____		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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 *Frederick J. Adams*

Licensed Embalmer No. 4351

P. O. Address FREVERICK TOWN, N. Y.

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.