

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41539**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 8032 Registrar's No. 164

0512  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Johnson,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson.</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Warrensburg</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Warrensburg.</b> <b>0512</b>	
c. LENGTH OF STAY (in this place) <b>58yrs</b>		d. STREET ADDRESS (If rural, give location) <b>103, S. Charles.</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home, 103 S. Charles</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Henrietta</b> b. (Middle) <b>Mable</b> c. (Last) <b>Whiteman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 24, 1954.</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	
8. DATE OF BIRTH <b>15, Apr. 1883</b>		9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Harrisonville. Mo. 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>J. P. Fields</b>			13b. MOTHER'S MAIDEN NAME <b>Isabel Bell</b>			14. NAME OF HUSBAND OR WIFE <b>Del Whiteman.</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lewis Bushell, Independence Mo.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>15 min</b>	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>					
		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? <b>4201</b> 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)		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 Dec 24, 1954, to Dec 24, 1954, that I last saw the deceased alive on Dec 24, 1954, and that death occurred at 6<sup>15</sup> m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>Warrensburg, MO</b>		23c. DATE SIGNED <b>Dec 27, 1954</b>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>26, Dec. 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Warrensburg. MO.</b>	
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DATE REC'D BY LOCAL REG. <b>Dec. 27, 1954</b>		REGISTRAR'S SIGNATURE <b>Savannah Hutchfield</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sweeney Phillips, Warrensburg. MO.</b>	
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RECEIVED  
JAN 3 1955  
RECEIVED  
JOHNSON COUNTY HEALTH DEPT.

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 R. Q. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, Mo.

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.