

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 7994

FILED MAR 29 1955

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5533 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY Holt

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Holt

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oregon, (rural Forbes twp.) c. LENGTH OF STAY (In this place) 40 years

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oregon, (rural Forbes twp.)

d. FULL NAME OF HOSPITAL OR INSTITUTION _____ d. STREET ADDRESS (If rural, give location) 6 miles east 3 miles south of Oregon

3. NAME OF DECEASED
a. (First) Hannah b. (Middle) Whitnah c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) March 18, 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Jan. 24, 1870 9. AGE (In years last birthday) 85 # UNDER 1 YEAR Months _____ # UNDER 2 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Pittsburgh Penn. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME McKee 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Harry Whitnah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mr. Ralph Whitnah ADDRESS Oregon, Missouri

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
Cardiac Decompensation
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
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 NO

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) 4200

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from July, 1954, to March 18, 1955, that I last saw the deceased alive on March 18, 1955, and that death occurred at 6 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Isaac J. Sweeney M.D. 23b. ADDRESS Oregon, Missouri 23c. DATE SIGNED 3-22-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE March 21, 1955 24c. NAME OF CEMETERY OR CREMATORY Highland 24d. LOCATION (City, town, or county) (State) Oregon, Missouri

DATE REC'D BY LOCAL REG. 3/23/55 REGISTRAR'S SIGNATURE James H. Crawford 469 25. FUNERAL DIRECTOR'S SIGNATURE James H. Pettigrew ADDRESS Oregon Mo

(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

James H. Pettigrew

Licensed Embalmer No. *3192*

P. O. Address *Oregon 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.