

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21721

State File No. ....

FILED AUG 8 - 1955

BIRTH NO. ....		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>131</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY OR TOWN <u>Washington</u>		c. LENGTH OF STAY (in this place) <u>18 mo.</u>		c. CITY OR TOWN <u>Washington</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri River</u>				f. STREET ADDRESS (if rural, give location) <u>504 W. Main St. 03620</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bernadine</u> b. (Middle) <u>Whitley</u> c. (Last) <u>Whitley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 1955</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb. 20, 1941</u>		9. AGE (In years last birthday) <u>14</u>	UNDER 1 YEAR Months <u>5</u> Days <u>10</u>	UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Clair, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wesley J. Whitley, Sr.</u>		13b. MOTHER'S MARYDEN NAME <u>Mary Hawkins</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>Wesley J. Whitley, Sr.</u> ADDRESS <u>Washington, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Drowning</u>  ANTECEDENT CAUSES DUE TO (b) <u>while swimming in</u> <u>St. Johns Creek near</u> DUE TO (c) <u>Missouri River</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Missouri River</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>9298</u> YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, motor, street, office, bldg., etc.) <u>St. John Creek</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>429</u> (COUNTY) <u>Franklin</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 30 1955</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>While Swimming</u>			
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 <u>11:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Cornet R. Dltmann</u>				23b. ADDRESS <u>General Mo.</u>		23c. DATE SIGNED <u>July 31, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 1 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Clair, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8/1/55</u>		REGISTRAR'S SIGNATURE <u>R. D. Dltmann</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Nieburg &amp; Vit.</u>		ADDRESS <u>Sup. Washington, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

6 10 5 1 2 7 1

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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 not embalmed, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Lester H. Witt.....

Licensed Embalmer No. 37

P. O. Address Washington

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.