No. 300
10-48

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21948

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5539 Registrar's No. 51

0440

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

1. PLACE OF DEATH
a. COUNTY: Holt
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Minton Twp.
c. LENGTH OF STAY (in this place): 6 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 Miles E. Fortescue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Holt
c. CITY OR TOWN: Fortescue
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 0440

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Ellen
c. (Last): Whipple

4. DATE OF DEATH (Month) (Day) (Year): July 9, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 23, 1871
9. AGE (In years last birthday): 83 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: In the home
11. BIRTHPLACE (City and State or Foreign Country): Waveland, Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Henry C. Hines
13b. MOTHER'S MAIDEN NAME: Jane E. Butcher
14. NAME OF HUSBAND OR WIFE: James T. Whipple

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 / ADDRESS: Mrs. I. T. Huffman, Fortescue, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — "
DUE TO (c) Arteriosclerotic Heart Disease — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4200

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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 1, 1953, *to* July 9, 1955, *that I last saw the deceased alive on* July 9, 1955, *and that death occurred at* 6 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Isaac F. Swearing M.D.
23b. ADDRESS: Oregon, Mo
23c. DATE SIGNED: 7/12/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/12/1955
24c. NAME OF CEMETERY OR CREMATORY: Mount Hope Cemetery
24d. LOCATION (City, town, or county) (State): Mound City, Missouri

DATE REC'D BY LOCAL REG.: 7/14/55
REGISTRAR'S SIGNATURE: James H Crawford 469
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: James H Crawford, Mound City, Mo

(Licensed Embalmer's Statement on Reverse Side)

JUL 28 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James H Crawford

Licensed Embalmer No. 47

P. O. Address Mound Ci

Note: The above MUST BE SIGNED B[illegible] E LICENSED EMBALMER in his OWN HANDWRITING. (Fai
to comply with the above constitutes gro[illegible] revocation of license).

If embalmed by a STUDENT, h[illegible] l sign in his OWN handwriting.

If this body is not embalme[illegible] d be so stated above.