

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34325

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>LOUISIANA</u>	c. LENGTH OF STAY (in this place) <u>4 MONTHS</u>	c. CITY OR TOWN <u>LOUISIANA</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>PIKE COUNTY HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>710 NORTH NINTH ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>MARGARET</u> c. (Last) <u>WHITEHEAD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 27, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb 20, 1955</u>	9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>8 7 1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>FREEPORT, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>ROBERT SPENCER WHITEHEAD</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET SHIPP</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT SPENCER WHITEHEAD</u>	ADDRESS <u>LOUISIANA, MO</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>asphyxiation (expirations of vomitus)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>convulsion</u>		<u>30 min.</u>
	DUE TO (c) <u>central nervous system depression</u>		<u>8 mo.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>		<u>7531</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>
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22. I hereby certify that I attended the deceased from 7/4/55, 1955, to 10/27, 1955, that I last saw the deceased alive on 10/26, 1955, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John W. Middleton M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Louisiana Mo.</u>	23c. DATE SIGNED <u>10/30/55</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10/30/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RIVERVIEW CEM</u>	24d. LOCATION (City, town, or county) (State) <u>LOUISIANA, MO</u>
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DATE REC'D BY LOCAL REG <u>Oct 30, 1955</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. M. Collier</u>	ADDRESS <u>Louisiana Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

936. 62 03.

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.....  
Signature of Student Embalmer

Signed.....  
*Geo. M. Collier*

Licensed Embalmer No. *383*

P. O. Address.....  
*Louisiana*

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.