

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35786

BIRTH NO. _____ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 6268 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NIANGWA RURAL	c. LENGTH OF STAY (In this place) 73 YRS	c. CITY OR TOWN NIANGWA RI	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Niangua Township		e. STREET ADDRESS (If rural, give location) 3 M. E. NIANGWA 1120	

3. NAME OF DECEASED (Type or Print) a. (First) HARRIETT b. (Middle) A c. (Last) SELK	4. DATE OF DEATH (Month) (Day) (Year) OCT 28 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APR 18 1963	9. AGE (In years last birthday) 92 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 6 MTS: 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 of Foreign Country) MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A	

13a. FATHER'S NAME ISAAC WHITENBURG	13b. MOTHER'S MAIDEN NAME ELIZA KING	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME J.S. SELK ADDRESS NIANGWA MO RI
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Congestive Circulatory failure		INTERVAL BETWEEN ONSET AND DEATH _____
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Decompensated Hypertensive Heart Disease DUE TO (c) Arteriosclerosis		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 442X		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____
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? _____

22. I hereby certify that I attended the deceased from Nov. 1953, to Oct 28, 1955, that I last saw the deceased alive on Oct 23, 1955, and that death occurred at 2:15 Am., from the causes and on the date stated above.

23a. SIGNATURE Frank Crist (Degree or title) Dr	23b. ADDRESS Niangua Mo	23c. DATE SIGNED 10/31/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-30-1955	24c. NAME OF CEMETERY OR CREMATORY NIANGWA	24d. LOCATION (City, town, or county) (State) NIANGWA MO
DATE REC'D BY LOCAL REG. 10-31-55	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS RW BARBER MARSHFIELD	

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 38

P. O. Address Mt. 9

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.