

FILED JAN 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39865**BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5179 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived at institution: evidence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Dept 1</u>		c. CITY OR TOWN <u>Decaturville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>9 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Route 065</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Irvin</u> b. (Middle) <u>E</u> c. (Last) <u>Whitman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 24 - 1955</u>	
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 5 - 1897</u>	9. AGE (In years last birthday) (Months) (Days) <u>58</u>	10. IF UNDER 1 YEAR	11. IF UNDER 24 HRS.
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rock Island RR</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wayne Co, Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13. FATHER'S NAME <u>Allen Whitman</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Roberts</u>	14. NAME OF HUSBAND OR WIFE <u>Max Miller</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>707-16-1746</u>	17. INFORMANT'S SIGNATURE OF NAME <u>Mrs Irvin Whitman, as above</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial failure</u>		<u>acute</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial infarction</u> DUE TO (c) <u>arteriosclerosis</u>		<u>2 weeks</u> <u>chronic</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>	

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 10, 1955, to Dec 24, 1955, that I last saw the deceased alive on Dec 23, 1955, and that death occurred at 7:00 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J Dale Atterberry D.O.</u>	23b. ADDRESS <u>Camden Mo</u>	23c. DATE SIGNED <u>12/24/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 25 - 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rock Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Moline Illinois</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 24, 1955</u>	REGISTRAR'S SIGNATURE <u>Zilpha Draw 42</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shroders - Moline Illinois</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 4 1950

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 *Abbie Woolery*.....

Licensed Embalmer No. *24*.....

P. O. Address *Camden*.....

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.