

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1956

State File No. **171**

|  |  |   |  |   |  |   |  |
|--|--|---|--|---|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>32</u>  |  | PRIMARY REG. DIST. NO. <u>5114</u>  |  | Registrar's No. <u>16</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Bollinger County</u><br>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Zalma Mo. Rural Wayne Twp. 2 yr</u><br>c. LENGTH OF STAY (in this place)<br>d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Family Home Rural</u> |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Bollinger</u><br>c. CITY OR TOWN <u>Zalma</u><br>d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>e. STREET ADDRESS (If rural, give location) <u>Rural</u> |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Wm</u><br>b. (Middle) <u>H</u><br>c. (Last) <u>Whitener</u>  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Feb 9 1956</u>   |  | 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>   |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>   |  | 8. DATE OF BIRTH<br><u>May 19 1889</u>  |  | 9. AGE (In years last birthday) <u>66</u>   |  | 10. IF UNDER 1 YEAR: Months <u>8</u> Days <u>20</u> Hours <u>0</u> Min. <u>0</u>                                      |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Fischer Body</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Auto Industries</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Wayne County</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  |
| 13a. FATHER'S NAME<br><u>Samuel Whitener</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Hannah Wildes</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>None</u>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> |  |
| 16. SOCIAL SECURITY NO.<br><u>Don't Know</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. John Below, Allenville Mo.</u>                             |  | 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><u>Asphyxiation</u><br><u>Carbon Monoxide</u>  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u>Suicide</u>   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Home</u> |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>Wayne County</u>  |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)<br><u>2-9</u>   |  | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>2-9</u> , 19 <u>56</u> , and that death occurred at <u>Paris, Mo.</u> , from the causes and on the date stated above.                                 |  |   |  |   |  |   |  |
| 23a. SIGNATURE<br><u>Gene Ward-Coroner</u>   |  | (Degree or title)<br><u>Coroner</u>   |  | 23b. ADDRESS<br><u>Butteville Mo</u>  |  | 23c. DATE SIGNED<br><u>2-11-56</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  |  | 24b. DATE<br><u>Feb 9 1956</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Fairmount</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Cape Girardeau Mo.</u>  |  |
| DATE REC'D BY LOCAL REG.<br><u>2-11-56</u>   |  | REGISTRAR'S SIGNATURE<br><u>Mrs. Buford Crader</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Brinkopf Howell</u>  |  | ADDRESS<br><u>Cape Gir. Mo.</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 16 1956

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *W. H. Estes*

Licensed Embalmer No. *357*

P. O. Address *Cape Girardeau*

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.