

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED APR 11 1956

State File No. **9861**

BIRTH NO. _____		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 3045		Registrar's No. 35	
1. PLACE OF DEATH a. COUNTY Mississippi				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before education). a. STATE Missouri b. COUNTY Mississippi			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston		c. LENGTH OF STAY (in this place) 48 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston		0672	
d. FULL NAME OF HOSPITAL OR INSTITUTION 811 E. Commercial St.				d. STREET ADDRESS (If rural, give location) 811 E. Commercial St.			
3. NAME OF DECEASED (Type or Print) a. (First) Nancy			b. (Middle) Sue		c. (Last) Whitehead		4. DATE OF DEATH (Month) (Day) (Year) 3/22/56
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 8/17/1880		9. AGE (In years last birthday) 75	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 At Home		11. BIRTHPLACE (State or foreign country) Robertson County, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jesse Stroud			13b. MOTHER'S MAIDEN NAME Ann Farmer		14. NAME OF HUSBAND OR WIFE Irvin Whitehead		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If you, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Russell McBride, Charleston, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 5 da	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension Heart disease					
		ANTECEDENT CAUSES (b) decompensation					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) Hypertension					
		II. OTHER SIGNIFICANT CONDITIONS (d) oesophageal diverticulum arteriosclerosis				several years 3 years	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION NO		19b. MAJOR FINDINGS OF OPERATION 443X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Minute)		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 3/17, 1956 , to 3/22, 1956 , that I last saw the deceased alive on 3/22, 1956 , and that death occurred at 9:45 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. Chas Solwing M.D.				23b. ADDRESS Charleston, Mo.		23c. DATE SIGNED 3/22/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial		24b. DATE 3/25/56		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Tenn.	
DATE REC'D BY LOCAL REG. 3/31/56		REGISTRAR'S SIGNATURE Dorothy B. Hathorn		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS The Nunnelee Chapel Charleston, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

Charleston, Mo.

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

RECEIVED

Miss. Co. Health De

County File No. 110

Date Filed APR 6 19

448 3-11-11

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
Student Embalmer

Signed John F. Munnell Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, W

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 this body is not embalmed, fact should be so stated above.