

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21078

State File No.

FILED JUL 16 1956

REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 55

BIRTH NO.		REG. DIST. NO. 178		PRIMARY REG. DIST. NO. 4285		Registrar's No. 55	
1. PLACE OF DEATH a. COUNTY Lewis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		c. LENGTH OF STAY (in this place) 2 mos.		c. CITY OR TOWN Canton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Prairie View Rest Home				e. STREET ADDRESS (If rural, give location) 316 S.3rd			

3. NAME OF DECEASED (Type or Print) a. (First) Cynthia b. (Middle) Roena c. (Last) Whiteaker			4. DATE OF DEATH (Month) (Day) (Year) July 9, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 6, 1865	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR: Months _____ Days _____ 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 or Foreign Country) Emerson, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas J. Porter	13b. MOTHER'S MAIDEN NAME Mary E. Gibson	14. NAME OF HUSBAND OR WIFE John H. Whiteaker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. James O. Riley, Canton, Mo.	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, asphyxia, 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) arterio Sclerotic Heart disease with Embolism.		4 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		2 hours.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) 4200
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 1 July, 1956, to 9 July, 1956, that I last saw the deceased alive on 7 July, 1956, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE John W. With D.O.	(Degree or title)	23b. ADDRESS Lev. Stown Mo	23c. DATE SIGNED 10 July 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 11, 1956	24c. NAME OF CEMETERY OR CREMATORY Greenmount Ceme.	24d. LOCATION (City, town, or county) (State) Quincy, Adams Co. Ill.
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DATE REC'D BY LOCAL REG. 7-12-56	REGISTRAR'S SIGNATURE P.W. Jennings M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Carl H. Buckley	ADDRESS Canton, Mo
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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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

Earl H. Buckley

Licensed Embalmer No. *2612*

P. O. Address *Canton,*

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.