

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED JUL 5 1956

21533

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 77

| | | | | | |
|--|---|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Pulaski | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Waynesville Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | c. CITY OR TOWN Hooker Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR Waynesville Gen Hosp 7 Days | | | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First Nellie Middle Ellen Last Whittaker | | | 4. DATE OF DEATH Month June Day 25 Year 1956 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 2 1894 | 9. AGE (In years last birthday) 62 | 10. IF UNDER 1 YEAR Months 6 Days 2 Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Domestic | 11. BIRTHPLACE (City and state or country) St Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U S A |
| 13. FATHER'S NAME David Clifford | | | 14. MOTHER'S MAIDEN NAME Uknkown Goodhart | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT St Louis, 14 Mo Joseph C. Whittaker 16 Carter Pt | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriol Sclerosis DUE TO (c) UNKNOWN | | | | | INTERVAL BETWEEN ONSET AND DEATH 7 DAY |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201 | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Hour 2 a. m. 25 Month 6 Day 25 Year 1955 | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from 1955 to 6 and last saw her alive on 5. A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE H. E. Hedges (Degree or title) DO | | 22b. ADDRESS Waynesville, Missouri | | 22c. DATE SIGNED 6-25-56 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6-27-56 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri | |
| 24. DEATH REC'D BY Hedges Funeral Homes Inc | | 25. DATE REC'D. BY LOCAL REG. 6-25-56 | | 26. REGISTRAR'S SIGNATURE Paula Mae Anderson | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

Coroner cannot certify to a death due to natural causes.

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Date Recd. 6-25-36
File Number 77
Pulaski County Health Officer

RECEIVED
6-30-36

JUL 9 1936

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Clarence Gross*

Licensed Embalmer No. *40*

P. O. Address *Raymond*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
- 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.