

FILED DEC 12 1956

## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

37427

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 355

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 420 EAST High St.				d. STREET ADDRESS (If outside, give location) 420 East High Street			
3. NAME OF DECEASED (Type or print) First Middle Last Wilma Ruth Whitener				4. DATE OF DEATH Month Day Year Dec 1 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Nov-2-1931	9. AGE (In years last birthday) 25	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receptionist		10b. KIND OF BUSINESS OR INDUSTRY D.O. Office		11. BIRTHPLACE (City and state or country) Wentzville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Reginald C. Caldwell				14. MOTHER'S MAIDEN NAME Nancy Averett			
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.		17. INFORMANT Address R.C. Caldwell, Fredericktown, Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Pulmonary Embolism</i>						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Erucine Gastritis</i>						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) <i>Aspermed by Dr. Bruce MD</i>					
20c. TIME OF INJURY Hour Month, Day, Year <i>11:30 a.m. 12 1 56</i>		20d. PLACE OF INJURY (e. g., in or about home, for m., factory, street, office bldg., etc.) <i>Barber Cole County, MO</i>					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. PLACE OF INJURY (e. g., in or about home, for m., factory, street, office bldg., etc.) <i>Found Dead - 122 - Apartment</i>		20g. CITY, TOWN, OR LOCATION Jefferson City		20h. COUNTY STATE Cole Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>early Dec 1-1956</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
SIGNATURE (Degree or title) <i>Dr. Smith Dep. Sher. Acting Coroner</i>				22a. ADDRESS <i>Sheriff's office Jefferson City, Mo.</i>		22c. DATE SIGNED <i>12-8-56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/4/1956		23c. NAME OF CEMETERY OR CREMATORY Essex Cemetery		23d. LOCATION (City, town, or county) (State) Essex, Missouri	
24. FUNERAL DIRECTOR ADDRESS Webb-Adamson Fredericktown, Mo.				25. DATE RECD. BY LOCAL REG. December 1956		26. REGISTRAR'S SIGNATURE <i>R.P. Davis MD MR</i>	

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Harry E Monroe*.....

Licensed Embalmer No. *44*.....

P. O. Address *Jeff Co*.....

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.