

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40837

State File No.

BIRTH NO. 50164-56 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>		
b. CITY OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY OR TOWN <u>Cape Girardeau</u>		1164
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cape Osteopathic Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1530 N. Water</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gayla</u> b. (Middle) <u>Ann</u> c. (Last) <u>Whittaker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 6 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Aug 26 1956</u>	9. AGE (in years last birthday) <u>3</u>	10. IF UNDER 1 YEAR <u>10</u> Months <u>3</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ellis Whittaker</u>		13b. MOTHER'S MAIDEN NAME <u>Helen M. Graham</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ellis Whittaker, Cape Girardeau, Mo</u> ADDRESS <u>City, Mo</u>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Secondary Bacteremia</u> DUE TO (c) <u>Acute Influenza</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		480. X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>12/4</u> , 1956, to <u>12/6</u> , 1956, that I last saw the deceased alive on <u>12/6</u> , 1956, and that death occurred at <u>4:00 p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. J. J. [Signature]</u>		23b. ADDRESS <u>285. Spauld Cape Girardeau, Mo</u>		23c. DATE SIGNED <u>12/10/56</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/8/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lightner Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Illmo Missouri</u>		
DATE REC'D BY LOCAL REG. <u>12-11-56</u>	REGISTRAR'S SIGNATURE <u>Lo. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ford & Sons</u> ADDRESS <u>Cape Girardeau Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 *William E. Freer*

Licensed Embalmer No. *4733*

P. O. Address *Cape Girardeau, Mo*

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.