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FILED JAN 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1082

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 27

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

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethany
c. LENGTH OF STAY (In this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lacy Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ridgeway
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First) Elizabeth b. (Middle) Ann c. (Last) Whitehead

4. DATE OF DEATH (Month) (Day) (Year): 1-19-57

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 10-9-1884
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 3, Days 10 — 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: —
11. BIRTHPLACE (State or foreign country): Harrison County Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Endsley
13b. MOTHER'S MAIDEN NAME: Eliza Jane Bryant
14. NAME OF HUSBAND OR WIFE: Samuel C Whitehead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Lucille Gorges Pittsburg Penn

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) Rheumatic heart disease, aortic insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 8 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Hypertension cerebral hemorrhage
DUE TO (c)

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: 411 X
20. AUTOPSY? YES ☐ NO ☑

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) m.: ✓
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ✓

22. *I hereby certify that I attended the deceased from* Jan, 1947, *to* Jan 19, 1957, *that I last saw the deceased alive on* Jan 19, 1957, *and that death occurred at* 11:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lake Brewer MD
23b. ADDRESS: Ridgeway Mo
23c. DATE SIGNED: 1/26/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-26-57
24c. NAME OF CEMETERY OR CREMATORY: Miriam
24d. LOCATION (City, town, or county) (State): Bethany Mo.

DATE REC'D BY LOCAL REG.: 1/26/57
REGISTRAR'S SIGNATURE: Zola Burris
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: McHaas Bethany Mo.

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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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed M B Hess

Licensed Embalmer No. 3899

P. O. Address Bethany 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.