

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12330**

FILED APR 16 1957 REG. DIST. NO. **46** PRIMARY REG. DIST. NO. **4064** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell	
b. CITY OR TOWN Kidder		c. CITY OR TOWN Kidder	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 15 Yrs.		e. STREET ADDRESS (If rural, give location) 0130	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Kay c. (Last) Whitmire		4. DATE OF DEATH (Month) (Day) (Year) Apr. 5, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sep. 2, 1873
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	11. BIRTHPLACE (City and State or Foreign Country) Tiffin Ohio
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Wm. J. Whitmire	13b. MOTHER'S MAIDEN NAME Sarah Jane Boroff	14. NAME OF HUSBAND OR WIFE Jessie Belle Whitmire
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. John Whitmire - Kidder, Mo.

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Cvd. Disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhage, Intestinal, Cerebral Undetermined		INTERVAL BETWEEN ONSET AND DEATH 2 Yrs.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

21a. ACCIDENT (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Kidder Caldwell Mo.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kidder Caldwell Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4221

22. I hereby certify that I attended the deceased from **Mar. 1957**, to **Apr 5, 1957**, that I last saw the deceased alive on **April 4, 1957** and that death occurred at **3:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank N. Doley M.D.	23b. ADDRESS Hamilton, Mo.	23c. DATE SIGNED 4-5-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-7-1957	24c. NAME OF CEMETERY OR CREMATORY Highland
24d. LOCATION (City, town, or county) (State) Hamilton Mo.		

DATE REC'D BY LOCAL REG. Apr 9-57	REGISTRAR'S SIGNATURE Gladys Jones	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marion A. Bram Hamilton Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....

Licensed Embalmer No. 3918

P. Q. Address Hamilton

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.