

FILED MAY 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 17721

STATE FILE NUMBER

Registration District No. 16.3 Primary Registration District No. 80-93 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON ✓			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Platin Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN FESTUS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NONE			Length of stay in lb y.a.s.		d. STREET ADDRESS R# 1 (If outside, give location) 6500		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First OSCAR Middle LEE Last WHITT				4. DATE OF DEATH Month 5 Day 12 Year 57			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 12-5-1894		9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GENERAL FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) RUSH TOWER, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME SALAMON K. WHITT				14. MOTHER'S MAIDEN NAME EMLEY P. HURT			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ---			16. SOCIAL SECURITY NO. ---		17. INFORMANT Emley P. Whitt Festus Mo. R#. Address _____		
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 thrombosis						INTERVAL BETWEEN ONSET AND DEATH Immediate	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary sclerosis						2 years	
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). Epilepsy						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> No			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ---				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) ---				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION ---			20g. COUNTY ---		
20h. STATE ---							
21. I attended the deceased from 5-12-50 to 5-12-57 and last saw him ^{her} alive on 5-12-57 Death occurred at 5:00A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John F. Rutledge M.D.				22b. ADDRESS Crystal City, Mo		22c. DATE SIGNED 5-13-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5-15-57	23c. NAME OF CEMETERY OR CREMATORY GAMEL CEMETERY		23d. LOCATION (City, town, or county) (State) FESTUS, MISSOURI		
24. FUNERAL DIRECTOR Little General Home ADDRESS Crystal City, Mo				25. DATE RECD. BY LOCAL REG. May 15-1957		26. REGISTRAR'S SIGNATURE Marie Harris	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed: All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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Licensee's Statement on Reverse Side

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 18 1957

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. 34

P. O. Address Crystal City

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.