

THE DIVISION OF HEALTH OF MISSOURI 77166-57
STANDARD CERTIFICATE OF DEATH

FILED FEB 19 1958

58-006674
State File No.

BIRTH NO.		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>5917</u>		Registrar's No. <u>7</u>		
1. PLACE OF DEATH a. COUNTY <u>Perry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural St. Marys Twp.</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Perryville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				f. STREET ADDRESS (If rural, give location) <u>R.5.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dale</u> b. (Middle) <u>Marie</u> c. (Last) <u>Whitson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 31, 1958</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>Sept. 13, 1957</u>		
9. AGE (In years last birthday) <u>4</u>		IF UNDER 1 YEAR Months <u>18</u> Days		IF UNDER 12 HRS. Hours <u>18</u> Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Perryville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ira Whitson</u>			13b. MOTHER'S MAIDEN NAME <u>Edna Motley</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ira Whitson, Perryville, Mo. R.5</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> 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				20. AUTOPSY? <u>2</u> 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) <u>493X</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Jan 30, 1958</u> , to <u>Jan 31, 1958</u> , that I last saw the deceased alive on <u>Jan 31, 1958</u> , and that death occurred at <u>12:45 P.M.</u> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. Carren MD</u>				23b. ADDRESS <u>Perryville Mo</u>		23c. DATE SIGNED <u>2-3-58</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 2, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Fork Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Perryville, Mo R. 4.</u>		
DATE REC'D BY LOCAL REG. <u>2-3-58</u>		REGISTRAR'S SIGNATURE <u>Joseph J. Zolner</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert Bey, Perryville, Mo.</u>				

WRITE PLAINLY—USING UNFAADING 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 ^{not} embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Albert Bey

Licensed Embalmer No. *386*

P. O. Address *Ferrynille*

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.