

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018728

STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 282 Primary Registration District No. Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <i>Polk</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Nebraska</i> b. COUNTY <i>Douglas</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Rural - Looney</i>		Inside Limits: Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Omaha</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>D.O.A. Burial Home</i>		Length of stay in lb. <i>326</i>	d. STREET ADDRESS (If outside, give location) <i>3</i>

3. NAME OF DECEASED First Middle Last
(Type or print) *Charles Alice Whitstone*

4. DATE OF DEATH Month Day Year
May 31 - 1959

5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July 19 - 1895</i>	9. AGE (In years last birthday) UNDER 1 YEAR IF UNDER 24 HRS <i>63</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Homemaking</i>	11. BIRTHPLACE (City and state or country) <i>Nebraska</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>John Oliver</i>	13b. MOTHER'S MAIDEN NAME <i>Clara Clayton</i>	14. NAME OF HUSBAND OR WIFE <i>L. E. Whitstone</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>Unknown</i>	17. INFORMANT Address <i>Willard Whitstone - Omaha, Neb.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) *Crushing chest & head injuries* INTERVAL BETWEEN ONSET AND DEATH *15 min*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }
DUE TO (b) *two car wreck s. of Brighton, Mo.*
DUE TO (c) *on Hwy. 13 at sac. River bridge*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED?
YES NO

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>two car head on wreck s. of Brighton, Mo.</i>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>on Hwy. 13 at sac. River bridge</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <i>Highway 13</i>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>Polk 084 Co Mo.</i>
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21. I observed the deceased from *near* to *near* and last saw her alive on *near*
Death occurred at *1:30 P.M.* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Clidney J. Pitts - owner</i>	22b. ADDRESS <i>Bohemia, Mo.</i>	22c. DATE SIGNED <i>June 1 - 59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>June 4 - 59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Holloway Memorial</i>	23d. LOCATION (City, town, or county) (State) <i>Omaha, Douglas Co. Neb.</i>
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24. FUNERAL DIRECTOR ADDRESS <i>Pitts Funeral Home - Polk, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>June 4, 1959</i>	26. REGISTRAR'S SIGNATURE <i>Ralph Borden per Jewell</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 6 1962

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 *Kidney J. Pitta*

Licensed Embalmer No. 4939

P. O. Address *Bolivar, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.