

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038032

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 128 STATE FILE NUMBER

FILED NOV 9 1961

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Louisiana</u>		Length of stay in 1b <u>12 Days</u>	c. CITY OR TOWN <u>Louisiana</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>406 No Main St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Earl</u> Middle <u>G</u> Last <u>Whiteside</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>3</u> Year <u>1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/21/1885</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done or most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St Louis Casket Co.</u>	11. BIRTHPLACE (City and state or country) <u>Whiteside, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>George W. Whiteside</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Ann Basket</u>		14. NAME OF HUSBAND OR WIFE <u>Alta Whiteside</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mrs Alta Whiteside Louisiana, MO.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Inanition and Debilitation</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma Tosis</u>				<u>3 wks</u>
DUE TO (c) <u>Primary Carcinoma of Gallbladder unk</u>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE

21. I attended the deceased from 9-24-61 to 10-3-61 and last saw him alive on 10-3-61
Death occurred at 7:35 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Per Y. Broleson M.D.</u> (Degree or title)	22b. ADDRESS <u>218 N 5th St Louisiana, MO</u>	22c. DATE SIGNED <u>11-6-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/6/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>
23d. LOCATION (City, town, or county) <u>Louisiana Missouri</u>		(State)

24. FUNERAL DIRECTOR
Sterne Funeral Home, Louisiana, MO. ADDRESS
25. DATE RECD. BY LOCAL REG.
Nov 6-1961
26. REGISTRAR'S SIGNATURE
Delmer Culber

DATE AMENDED: 12-1-61
INSTEAD OF: 10-3-61
DOCUMENT:
MEDICAL CERTIFICATION:
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:
ITEM NO. SHOULD READ: 2/ 11-3-61
BY AFFIDAVIT OF CORRECTION:

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

A. B. Stume

Licensed Embalmer No. 4039

P. O. Address Louisiana

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.