

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH										-61-045803	
DEPARTMENT OF PUBLIC HEALTH AND WELFARE										STATE FILE NUMBER	
Registration District No. <u>274</u> Primary Registration District No. <u>3052</u> Registrar's No. <u>383</u>											
AMENDED											
FILED DEC 18 1961											
1. PLACE OF DEATH											
a. COUNTY <u>Pettis</u>											
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sedalia</u> Length of stay in lb <u>9 hours</u>											
c. FULL NAME OF (If NOT in hospital, give location) <u>Bothwell Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)											
a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>											
c. CITY OR TOWN <u>Sedalia</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
d. STREET ADDRESS (If outside, give location) <u>Route 3 (Dresden)</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
3. NAME OF DECEASED											
First <u>DORA</u> Middle <u>B.</u> Last <u>WHITFIELD</u>											
4. DATE OF DEATH <u>December 11, 1961</u>											
5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u> 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>											
8. DATE OF BIRTH <u>July 21, 1878</u> 9. AGE (last birthday) <u>83</u>											
IF UNDER 1 YEAR IF UNDER 24 HR											
Months Days Hours Min.											
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>											
10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>											
11. BIRTHPLACE (City and state or country) <u>Pettis County, Mo.</u>											
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>											
13a. FATHER'S NAME <u>John Bratton</u>											
13b. MOTHER'S MAIDEN NAME <u>Rebecca Kabler</u>											
14. NAME OF HUSBAND OR WIFE <u>Geo. W. Whitfield</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>											
16. SOCIAL SECURITY NO. <u>none</u>											
17. INFORMANT <u>Joe Whitfield, Route 3, Sedalia, 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>Acute myocardial infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs</u>											
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.											
DUE TO (b)											
DUE TO (c) <u>Arteriosclerotic Heart Disease</u> <u>8 months</u>											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Abdominal aortic aneurysm, large</u>											
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 <u>7:20 PM</u> Month, Day, Year <u>January 25, 1961</u>											
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 <u>Sedalia, Missouri</u>											
21. I attended the deceased from <u>January 25, 1961</u> to <u>December 11, 1961</u> and last saw her alive on <u>October 28, 1961</u>											
Death occurred at <u>7:20 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>Stanley D. Fisher M.D.</u> (Degree or title)											
22b. ADDRESS <u>500 East 16th Sedalia, Missouri</u>											
22c. DATE SIGNED <u>13 Dec '61</u>											
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>											
23b. DATE <u>12/13/61</u>											
23c. NAME OF CEMETERY OR CREMATORY <u>Dresden Cemetery</u>											
23d. LOCATION (City, town, or county) <u>Sedalia, Missouri</u>											
24. FUNERAL DIRECTOR <u>Francis Ewing</u> ADDRESS <u>Sedalia, Mo.</u>											
25. DATE RECD. BY LOCAL REG. <u>Dec 15 1961</u>											
26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>											
(Licensed Embalmer's Statement on Reverse Side)											

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

R. E. Baker

Licensed Embalmer No. *2419*

P. O. Address

Sedalia 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.