5.

16

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6033
Do not use this space.

1. PLACE OF DEATH
3 (a) County: Boone — 2 Registration District No.: 73
4 (b) Township: — 1 Primary Registration District No.: 3006 — Registered No.: 47
(c) City: Columbia — (d) Street No.: ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred: yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Charlie Orville Whitesides 323
(a) Residence, No.: Vandiver drive St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~: Sallie Whitesides

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 17 1886

7. AGE: YEARS 51 | MONTHS 11 | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Cleaning
9. Industry or business in which work was done, as saw mill, bank, etc.: Pressing
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone Co Mo

FATHER
13. NAME: John William Whitesides
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone Co Mo

MOTHER
15. MAIDEN NAME: Alice Rowland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone Co Mo

17. INFORMANT (ADDRESS): Lucille Whitesides

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Memorial Park DATE: Sun Feb 28, 1938

19. FUNERAL DIRECTOR (ADDRESS): R. O. Willett, Columbia Mo

20. FILED 2/28/1938 Allie Selby, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1938, to Feb. 26, 1938
I last saw h~~im~~ alive on Feb. 26, 1938. Death is said to have occurred on the date stated above, at 6:30 A.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset: Feb 17 1938
14 hrs

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Maurice E. Cooper, M. D.
(Address) Columbia, Mo

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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Lyman H. Sprinkle, Licensed Embalmer No. 4013

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L.E. Lyman H. Sprinkle

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Lyman H. Sprinkle

Licensed Embalmer No. 4013

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.)