

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29990

State File No.

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5477 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Madison twp</u>		c. LENGTH OF STAY (in this place) <u>17 yrs.</u>	c. CITY (If outside corporate limits, write RURAL, and give township) <u>Jenton R.R. #6</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jenton - Route #6</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ORA</u> b. (Middle) <u>PAUL</u> c. (Last) <u>WHITFIELD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 30 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 4, 1894</u>
9. AGE (In years last birthday) <u>55</u>		10. UNDER 1 YEAR Months <u>7</u> Days <u>26</u>	11. UNDER 1 WEE. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Service Station</u>	11. BIRTHPLACE (State or foreign country) <u>Pettis Co., Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Neville Wm Whitfield</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy Scott</u>		14. NAME OF HUSBAND OR WIFE <u>Edith May Whitfield</u>	
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY (If yes, give war or date of service) <u>707-16-6387</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs O.P. Whitfield</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</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? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>	
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)		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>9-20</u> , 19 <u>49</u> , to <u>9-30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-26</u> , 19 <u>49</u> , and that death occurred at <u>12:30pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Douglas L. Pearce</u>		23b. ADDRESS <u>P.O. 305 W 12th Trenton, Mo.</u>	
23c. DATE SIGNED <u>10-4-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct 4, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edenburg I.O.O.F.</u>	
24d. LOCATION (City, town, or county) (State) <u>Edenburg Missouri</u>		DATE REC'D BY LOCAL REG. <u>10-4-49</u>	
REGISTRAR'S SIGNATURE <u>Irene Jau</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Raymond A. Davis</u>	
ADDRESS <u>Jenton, Mo.</u>		ADDRESS <u>Jenton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DO NOT WRITE

10-10-49
CUN
40
5
16

OCT 8 1949

OCT 14 1949

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 _____

myself

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Walter E. Meyer

Licensed Embalmer No. *44910*

P. O. Address *Jenison, 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 this body is not embalmed, fact should be so stated above.