

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora MO</u> <u>55</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>134 West St. Louis</u>	
3. NAME OF DECEASED a. (First) <u>Amanda</u> (Type or Print)		b. (Middle) <u>JANE</u>	
c. (Last) <u>WHITNEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 6 - 1949</u>	
5. SEX <u>FA</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct 30 - 1872</u>
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>AT HOME</u>	9. AGE (In years last birthday) <u>77</u> If under 1 year: Months <u>6</u> Days _____ Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) <u>LAWRENCE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>W.H. ZIMM</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Thomas WHITNEY</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. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WALTER WHITNEY</u> ADDRESS <u>Aurora MO</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis & Hypertension</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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) <u>Aurora MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>Dec 15</u> , 19 <u>48</u> , to <u>Nov 6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 6</u> , 19 <u>49</u> , and that death occurred at <u>12:10</u> A.M., from the causes and on the date stated above.	
23a. SIGNATURE <u>W.B. Herron M.D.</u> (Degree or title)		23b. ADDRESS <u>Aurora, Mo</u>	
23c. DATE SIGNED <u>Nov 8 - 49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Aurora, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Osceola Mack</u> ADDRESS <u>Aurora, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 17 - 49</u>		REGISTRAR'S SIGNATURE <u>Osceola Mack</u> ADDRESS <u>Aurora, Mo.</u>	

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

RECEIVED NOV 23 1949
District Health Office No. 6,
District File Number 1149-1282
Date Filed 11-30-49

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
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed Quora L. Marsh

Licensed Embalmer No. 3812

P. O. Address Quora, 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.