

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD-CERTIFICATE OF DEATH

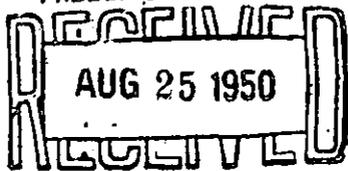
State File No. 27519

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>206</u>		PRIMARY REG. DIST. NO. <u>5752</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>Madison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural, 12 Mi. Township</u>)		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, 12 Mi. Township</u> <u>1670</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - 15 mi. S.W. of Fredericktown</u>				e. STREET ADDRESS (If rural, give location) <u>Home, Rural</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>LaFayette</u> c. (Last) <u>Whitener.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 13, 1950</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Mar. 16, 1878</u>	
9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>4</u>		11. DAYS <u>27</u>		12. HOURS <u>0</u> MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Zion, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Pinkney Whitener</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Clifton</u>			14. NAME OF HUSBAND OR WIFE <u>Charity Elizabeth Whitener</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C.C.N. Whitener</u> ADDRESS <u>Zion, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>weeks</u> <u>331X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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>May 20, 1950</u> , to <u>Aug. 7, 1950</u> , that I last saw the deceased alive on <u>Aug. 7, 1950</u> , and that death occurred at <u>10:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. A. Myers M.D.</u> (Degree or title)				23b. ADDRESS <u>Caldwate, MO</u>		23c. DATE SIGNED <u>Aug 14 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 15, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pisgah</u>		24d. LOCATION (City, town, or county) (State) <u>Zion, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>8-19-1950</u>		REGISTRAR'S SIGNATURE <u>Florence Nickles</u> <u>1870</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb-Adamson, Inc.</u> ADDRESS <u>Fredericktown, MO.</u>		

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

(Licensed Embalmer's Statement on Reverse Side)

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE NO. 850-17

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, ~~and~~ _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed *Ernest H. Sprinkle*
Licensed Embalmer No. 4013
P. O. Address To, Fredericktown

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.