

FILED MAR 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5111

14920

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Webb City		c. CITY (If outside corporate limits, write RURAL and give township) Oronogo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital		d. STREET ADDRESS (If rural, give location) Rt 1	
3. NAME OF DECEASED (Type or Print) ANNA MAE B. WHITFIELD		4. DATE OF DEATH March 7, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 18, 1885
9. AGE (In years last birthday) 66		10. MONTHS 0	11. DAYS 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmistress		10b. KIND OF BUSINESS OR INDUSTRY Postoffice	11. BIRTHPLACE (State or foreign country) Pittsburg, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Buckingham	
George H. Buckingham		13b. MOTHER'S MAIDEN NAME Sarah Buckingham	
14. NAME OF HUSBAND OR WIFE Will E. Whitfield		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Will E. Whitfield	
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.		19. ADDRESS Oronogo Rt 1 Mo	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infection & debilitation		INTERVAL BETWEEN ONSET AND DEATH 6 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis DUE TO (c) Primary Carcinoma of Endometrium			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		172X	
19a. DATE 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 1-12-1951, to 3-7-1951, that I last saw the deceased alive on 3-7-1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE J. T. Gregory (Degree or title) Do		23b. ADDRESS Webb City, Mo	
23c. DATE SIGNED 7/9/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 3-9-51		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	
24d. LOCATION (City, town, or county) (State) Carthage, Missouri		DATE REC'D BY LOCAL REG. Mar 9-51	
REGISTRAR'S SIGNATURE J. C. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis	
ADDRESS Webb City, Missouri		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-13-51

Jasper County Health Office

County File Number 51-2-201

Date Filed 3-13-51

AUG 1 1955

AUG 22 1956

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed *Leonard J. Lewis*

Signed _____

Student Embalmer

Licensed Embalmer No. 4561

P. O. Address *Wills City, 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.