

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 3401

No. 300  
10.48

FILED APR 20 1951

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. ....	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 10 Mos.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION 785 Bayard Avenue		12. STREET ADDRESS 785 Bayard Avenue		0			
3. NAME OF DECEASED (Type or Print) Minnie Whitney			4. DATE OF DEATH (Month) (Day) (Year) 4/9/51				
5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 8/2-1882	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Croydon, Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Perry		13b. MOTHER'S MAIDEN NAME Matilda Rochester		14. NAME OF HUSBAND OR WIFE James Whitney			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucille Reed, 785 Bayard Avenue			
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) Hypertensive Heart Disease  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.				INTERVAL BETWEEN ONSET AND DEATH Unknown	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? H&X			
22. I hereby certify that I attended the deceased from 2-12, 1950, to 4-9, 1951, that I last saw the deceased alive on 4-7, 1951, and that death occurred at 5:10 p.m., from the causes and on the date stated above.							
23a. SIGNATURE G. L. Smith, M.D.			23b. ADDRESS 11 N. Jefferson Avenue		23c. DATE SIGNED 4-10-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-12-51	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Indianapolis, Indiana		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 1 1951 J. B. Lanster		25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Gates, 4107 Finney Avenue		ADDRESS			

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**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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.