

V. S. No. 10-48
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **335**

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

JAN 14 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 33

1. PLACE OF DEATH

a. COUNTY Buchanan 0117

b. CITY OR TOWN St. Joseph

c. LENGTH OF STAY (in this place) 1 Day

d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Davies

c. CITY OR TOWN Gallatin 0310

d. STREET ADDRESS (If rural, give location) --- 1

3. NAME OF DECEASED

a. (First) Orvil b. (Middle) Roy c. (Last) Whitt

4. DATE OF DEATH (Month) (Day) (Year) January 10 1952

5. SEX Male **6. COLOR OR RACE** White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug. 25 1880

9. AGE (In years last birthday) 71 if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm Owner

11. BIRTHPLACE (State or foreign country) Davies County, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry A. Whitt

13b. MOTHER'S MAIDEN NAME Sarah Elizabeth Place

14. NAME OF HUSBAND OR WIFE Virgie Whitt

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 Mrs. Virgie Whitt, Gallatin, Mo.

ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

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
1 week
Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Jan 9, 1952, to Jan 10, 1952, that I last saw the deceased alive on Jan 10, 1952, and that death occurred at 10:40 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Allen Eskerman M.D.

23b. ADDRESS 706 Francis St.

23c. DATE SIGNED Jan 10, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-13-1952

24c. NAME OF CEMETERY OR CREMATORY Brown Cemetery

24d. LOCATION (City, town, or county) (State) Gallatin, Mo.

DATE REC'D BY LOCAL REG. Jan 12, 1952

REGISTRAR'S SIGNATURE Carl C. Casup

25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home

ADDRESS Gallatin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 L. O. Richardson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.