

FILED JUN 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19805

BIRTH NO. _____ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 2239 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar 0200	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Wagner <u>LINN</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Wagner <u>LINN</u>	d. STREET ADDRESS (If rural, give location). 10 Miles W. of Stockton
d. FULL NAME OF HOSPITAL OR INSTITUTION 10 Miles W. of Stockton		10 Miles W. of Stockton	

3. NAME OF DECEASED (Type or Print) WILMA JUNE WHISTANCE	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) June 10, 1952
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5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 23, 1922	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months 11 Days 17	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Cedar County, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Elmer Council	13b. MOTHER'S MAIDEN NAME Letta McNeiss	14. NAME OF HUSBAND OR WIFE Noel Whistance
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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 Noel Whistance, Stockton, Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Glioma of brain (since onset) 4 months</u>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-24-1952, to 2-10-1953, that I last saw the deceased alive on 2-10-1953, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm B. Rutter M.D.</u>	(Degree or title)	23b. ADDRESS <u>Stockton Mo.</u>	23c. DATE SIGNED <u>6-11-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-12-1952	24c. NAME OF CEMETERY OR CREMATORY Stockton City	24d. LOCATION (City, town, or county) (State) Stockton, MO.
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DATE REC'D BY LOCAL REG. 6-21-1952	REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>	540	25. FUNERAL DIRECTOR'S SIGNATURE <u>John C. Cantler</u>	ADDRESS <u>Stockton Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 1 1952

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 A. Crotter*.....
Licensed Embalmer No. *4387*.....

P. O. Address *Stockton, 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.