S. No. 200
Rev. 10.48

FILED SEP 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30737

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 251

0105
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1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elliot Fiscal Cancer Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico 0883
d. STREET ADDRESS (If rural, give location): 806 McKinley

3. NAME OF DECEASED (Type or Print)
a. (First): Virgie
b. (Middle): Helen
c. (Last): Whitsell

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 18, 1927
9. AGE (In years last birthday): 25 — If under 1 year: Months 2, Days 18 — 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: None
11. BIRTHPLACE (City and State or Foreign Country): Waldo, Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James L. Davis
13b. MOTHER'S MAIDEN NAME: Effie L. Horton
14. NAME OF HUSBAND OR WIFE: Damon Whitsell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Hospital Records

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock
DUE TO (b) Operative blood loss
DUE TO (c) Carcinoma of cervix

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 9/16/52
19b. MAJOR FINDINGS OF OPERATION: Post irradiation persistent carcinoma of cervix
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.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? N/A

22. *I hereby certify that I attended the deceased from* 1 Aug, 1952, *to* 16 Sept, 1952, *that I last saw the deceased alive on* 16 Sept, 1952, *and that death occurred at* 7:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Eugene H. Pearce
(Degree or title): MD
23b. ADDRESS: State Cancer Hospital
23c. DATE SIGNED: 9/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept. 17, 1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Huston, Texas

DATE REC'D BY LOCAL REG.: Sept 17 1952
REGISTRAR'S SIGNATURE: Mrs R. E. Palmer 31-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hillett Funeral Home, Columbia

(Licensed Embalmer's Statement on Reverse Side)

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

VS DEC 2 1950

DEC 17 1952

SEP 30 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 Lyman H. Spurlock

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.