

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34126**

FILED OCT 21 1952

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4014** Registrar's No. **83**

0330

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

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo COUNTY Atchison Co	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax Mo		c. LENGTH OF STAY (In this place) OR TOWN rural - six miles S. Rock Part	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Community Hospital		d. STREET ADDRESS (If rural, give location) Rock - Part Mo 0330	
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) Samuel	
c. (Last) Whitham		4. DATE OF DEATH (Month) (Day) (Year) Oct 14 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 1 - 1884
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 2 Days 13	IF UNDER 24 HRS. Hours 1 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME James Whitham		13b. MOTHER'S MAIDEN NAME Etha Rundle	
14. NAME OF HUSBAND OR WIFE Mrs. Minnie Whitham			
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. 485-01-7357	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Whitham - Rock - Part Mo		ADDRESS	
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) Myocarditis ANTECEDENT CAUSES DUE TO (b) Bronchial Asthma DUE TO (c) Arterio sclerosis 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"/>		241X	
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) (Min.)		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 Oct. 7, 1952 to Oct. 14, 1952 , that I last saw the deceased alive on Oct. 14, 1952 , and that death occurred at 3 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE S. A. Reiffel		23b. ADDRESS (Degree or title) M.D. Rockport, Mo.	
23c. DATE SIGNED 10/15/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Oct-17-52	
24c. NAME OF CEMETERY OR CREMATORY Hunter Cemetery		24d. LOCATION (City, town, or county) (State) Rock - Part Mo	
DATE REC'D BY LOCAL REG. Oct 17, 1952		REGISTRAR'S SIGNATURE Marvin H. Schaefer	
25. FUNERAL DIRECTOR'S SIGNATURE Bertram Funeral Home - Rock Part		ADDRESS Mo	

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 _____

R. E. Buttram

Student Embalmer No. _____

working under my personal supervision.

Signed *R. E. Buttram* _____

Signed _____
Student Embalmer

Licensed Embalmer No. *1764*

P. O. Address *Box Post 710*

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.