

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13229

State File No. \_\_\_\_\_

FILED APR 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 20 PRIMARY REG. DIST. NO. 4031 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Adrian.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Adrian</u>	
c. LENGTH OF STAY (In this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lyman</u> b. (Middle) <u>Chester</u> c. (Last) <u>Whitney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 13, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 18, 1884</u>		9. AGE (In years last birthday) <u>68</u> Months <u>9</u> Days <u>25</u> Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Near Adrian Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>Yes USA.</u>	

13a. FATHER'S NAME <u>Mills Henry Whitney</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Maude Askew</u>		14. NAME OF HUSBAND OR WIFE <u>Bennie Schurich Whitney</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-10-2118</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bennie Whitney, Adrian Mo.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis - Chronic</u> ANTECEDENT CAUSES <u>Cerebral Hemorrhage</u> 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 <u>2 yrs</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Adrian, Mo.</u>	
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	

22. I hereby certify that I attended the deceased from Aug. 1951, to Apr. 12, 1953 that I last saw the deceased alive on Apr. 12, 1953 and that death occurred at 8:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. E. Robinson M.D.</u> (Degree or title)		23b. ADDRESS <u>Adrian, Mo.</u>		23c. DATE SIGNED <u>4-14-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-15-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cemetery Adrian Mo.</u>	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. <u>4-15-53</u>		REGISTRAR'S SIGNATURE <u>Myra Owens</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Funeral Service Adrian Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Adrian M*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3650*

P. O. Address *Adrian M*

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.