

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29667

DECEASED **AUG 28 1953** REG. DIST. NO. **300** PRIMARY REG. DIST. NO. **6029** Registrar's No. **141**

960

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

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Reynolds	
b. CITY OR TOWN Ellington rural Lopez		c. CITY OR TOWN Ellington	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If total, give location) own home	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Salomon b. (Middle) Oliver c. (Last) Whitchurch			4. DATE OF DEATH (Month) (Day) (Year) Aug 19, 1953		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 14 1881	9. AGE (In years last birthday) 72	10. UNDER 1 YEAR 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jim Whitchurch		13b. MOTHER'S MAIDEN NAME Angeline Morrison		14. NAME OF HUSBAND OR WIFE Bertha Whitchurch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Bertha Whitchurch ADDRESS Ellington	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) arteriosclerosis		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 years	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) rise of attack of rheumatism		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 727X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) Lopez, Reynolds County, MO		
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 **Jan 1953**, to **Aug 19 1953**, that I last saw the deceased alive on **June 22, 1953** and that death occurred at **2 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE A. F. Barger, M.D. (Degree or title)		23b. ADDRESS 50 S. ...		23c. DATE SIGNED Aug 22	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 21 1953		24c. NAME OF CEMETERY OR CREMATORY Ellington Cemetery	
		24d. LOCATION (City, town, or county) (State) Ellington MO.			

DATE REC'D BY LOCAL REG. Aug 24-53		REGISTRAR'S SIGNATURE Essie Evans		25. FUNERAL DIRECTOR'S SIGNATURE Leaton Jewitt ADDRESS Van Buren	
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He was a patient in The Mrs
Reynolds Hospital, St Louis, Mo

Received 8-27-53

Reynolds County Health C

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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 Seaton Peritt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.