No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31548

FILED OCT 5 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 918

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burger-Connelly Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Walnut Grove
d. STREET ADDRESS (If rural, give location): 0390 1

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): B.
c. (Last): WHITESIDES

4. DATE OF DEATH (Month) (Day) (Year): Sept 28 1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct 6 1889
9. AGE (In years last birthday): 84 — If under 1 year: Months ___ Days ___ — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired real estate man
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph W. Whitesides
13b. MOTHER'S MAIDEN NAME: Emily Andrews
14. NAME OF HUSBAND OR WIFE: Emma Whitesides

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.: none
17. INFORMANT'S SIGNATURE OR NAME: Harry Brown — **ADDRESS**: Springfield - Mo.

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): Fracture, left femur — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

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.*: Bronchopneumonia — 1 week

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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?:

22. *I hereby certify that I attended the deceased from* 8-22, 1953, *to* 9-28, 1953, *that I last saw the deceased alive on* 9-27, 1953, *and that death occurred at* 3:25 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: James T. Good (Degree or title): M.D.
23b. ADDRESS: Springfield, Mo.
23c. DATE SIGNED: 9-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 29-53
24c. NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery
24d. LOCATION (City, town, or county) (State): Walnut Grove Mo.

DATE REC'D BY LOCAL REG.: 9-30-53
REGISTRAR'S SIGNATURE: Faith Williamson
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Brim - Daniel - Walnut Grove Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 9 1954

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 .....

Licensed Embalmer No. 4202

P. O. Address Oak Grove - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.