

FILED NOV 30 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38617**

BIRTH NO.		REG. DIST. NO. <b>82</b>	PRIMARY REG. DIST. NO. <b>3017</b>	Registrar's No. <b>135</b>
1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Cooper</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Boonville</b>		c. LENGTH OF STAY (in this place) <b>4 mo.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Boonville Mo. 12</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hoast Nursing Home.</b>		d. STREET ADDRESS (If rural, give location) <b>02 0</b>		
3. NAME OF DECEASED (Type or Print) <b>MARY Elizabeth Whittle</b>		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 26. 53.</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 25-1876. 76.</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>at home.</b>	11. BIRTHPLACE (State or foreign country) <b>Howard Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Wm Weinstreet</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Childers</b>		14. NAME OF HUSBAND OR WIFE <b>John Whittle</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME / ADDRESS <b>George Weinstreet Boonville, Mo.</b>
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) <b>Arterio-sclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>(2)</b>
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Sensitiz.</b>		
		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 <b>4500</b>		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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <b>March, 1953</b> , to <b>Nov 26, 1953</b> , that I last saw the deceased alive on <b>Nov 26, 1953</b> , and that death occurred at <b>11:45 P. m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>W. DeGraeger M.D.</b>		23b. ADDRESS <b>Boonville Mo</b>		23c. DATE SIGNED <b>11/27/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Nov. 28-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sulphur Springs</b>	24d. LOCATION (City, town, or county) (State) <b>New Franklin Rural Mo</b>
DATE REC'D BY LOCAL REG. <b>11/27/53</b>		REGISTRAR'S SIGNATURE <b>W. Cooper 381</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. L. Hall New Franklin</b>

(Licensed Embalmer's Statement on Reverse Side)

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

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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 H. L. Hall

Licensed Embalmer No. 3575

P. O. Address New Franklin, 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.