

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10522**
2576

FILED MAR 30 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

I. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 3 mos		c. CITY OR TOWN Peoria, Ill.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
		e. STREET ADDRESS (If rural, give location) 223 North Bourland Street		8120 8	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) ROWE		c. (Last) WHITMORE		4. DATE OF DEATH (Month) (Day) (Year) March 21, 1954			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 31, 1885		9. AGE (In years last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Attorney		10b. KIND OF BUSINESS OR INDUSTRY Illinois Power Light Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Daniel R. Whitmore		13b. MOTHER'S MAIDEN NAME Mary Stobie		14. NAME OF HUSBAND OR WIFE Lisle Whitmore		
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. 331-03-6960		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lisle Whitmore		
				17. ADDRESS 1919 So. Grand Blvd.		

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				INTERVAL BETWEEN ONSET AND DEATH 6 months	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left ear					
		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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1991		

22. I hereby certify that I attended the deceased from **9-23, 1953**, to **3-21, 1954**, that I last saw the deceased alive on **3-21, 1954**, and that death occurred at **3:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>H. M. Smith</i>		23b. ADDRESS Mo. Pacific Hospital		23c. DATE SIGNED 3-22-54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Mar. 22, 1954		24c. NAME OF CEMETERY OR CREMATORY Springdale Cemetery	
				24d. LOCATION (City, town, or county) (State) Peoria, Illinois	

DATE REC'D BY LOCAL REG. MAR 22 1954		REGISTRAR'S SIGNATURE <i>H. M. Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Robert A. Co</i>	
				ADDRESS 1905 So. Grand Blvd.	

(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, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Lill C. Hansen*

Licensed Embalmer No. *476*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.