

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30190**

FILED OCT 11 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 466 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <b>DeKalb</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Mo</b> b. COUNTY <b>DeKalb</b>	
b. CITY OR TOWN <b>Weatherby</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Weatherby</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>in town</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home In town</b>			

3. NAME OF DECEASED (Type or Print) <b>Lois Irene Whiteaker</b>			4. DATE OF DEATH <b>8-19-54</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	
8. DATE OF BIRTH <b>II-21-1926</b>		9. AGE (In years last birthday) <b>28 27</b>		10. MONTHS <b>9</b> DAYS <b>29</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mo Weatherby Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Covel Whiteaker</b>		13b. MOTHER'S MAIDEN NAME <b>Irene <del>Whiteaker</del> Rolason</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>XXXXXXXXXX</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Covel Whiteaker Weatherby</b>	
(If yes, give war or dates of service)				ADDRESS	

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 <b>27 yrs</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Palsy</b>		ANTECEDENT CAUSES <b>[Congenital]</b>					
Morbidity 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 <b>334x</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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 9/14, 1954 to 9/19, 1954, that I last saw the deceased alive on 9/18, 1954, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. Harold Fowler</b>		23b. ADDRESS <b>Maysville Mo</b>		23c. DATE SIGNED <b>9/20/54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-31-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hopewell</b>		24d. LOCATION (City, town, or county) (State) <b>Weatherby Mo</b>	
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DATE REC'D BY LOCAL REG. <b>9-27-54</b>		REGISTRAR'S SIGNATURE <b>Rachy Number</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Whitman</b>		ADDRESS <b>Maysville Mo</b>	
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No. 300  
10-48

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

**STATEMENT BY LICENSED EMBALMER**

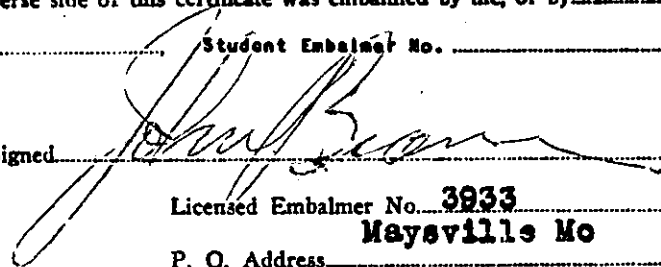
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. **3933**

**Maysville Mo**

P. O. Address .....

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.