

STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10.48

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5757 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - TWELVE MILE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - TWELVE MILE 0622</u>	
c. LENGTH OF STAY (in this place) <u>25 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>17 MI. S. OF FREDERICKTOWN 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>17 MI. S. OF FREDERICKTOWN</u>		d. STREET ADDRESS (If rural, give location) <u>17 MI. S. OF FREDERICKTOWN 0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MASSYE</u> b. (Middle) <u>MONEY</u> c. (Last) <u>WHITENER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 2, 1954</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUG. 24, 1886</u>	
9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR Months <u>68</u> Days _____ Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>MADISON COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>LEVI SANDERS</u>		13b. MOTHER'S MAIDEN NAME <u>ROSIE DESPAIN</u>	
13c. NAME OF HUSBAND OR WIFE <u>BERT WHITENER</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>NORMAN WHITENER, FREDERICKTOWN, MO.</u>		ADDRESS <u>FREDERICKTOWN, MO.</u>	
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) <u>Cerebral Hemorrhage</u> 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. _____	
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from _____, 19____, to <u>Nov. 1, 1954</u> , that I last saw the deceased alive on <u>Nov. 1, 1954</u> , and that death occurred at <u>3:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree of title) <u>Maurice Grooman M.D.</u>		23b. ADDRESS <u>Fredricks town, Mo.</u>	
23c. DATE SIGNED <u>11/4/54</u>		23d. SIGNATURE _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 4, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MT. PISGAM</u>		24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>11-4-1954</u>		REGISTRAR'S SIGNATURE <u>Therence Tucker</u>	
25. FURNERAL DIRECTOR'S SIGNATURE <u>J. Adamson</u>		ADDRESS <u>FREDERICKTOWN, MO.</u>	

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

WADSWORTH COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
NOV 8 - 1954
RECEIVED

FILE No. 1134-66

NOV 9 7 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 William Adams

Licensed Embalmer No. 4351

P. O. Address FREDERICKTOWN, 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.