

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. SUNDBSTROM
State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1102-B

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (in this place) <u>13 DAYS</u>	c. CITY OR TOWN <u>SPRINGFIELD</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SPRINGFIELD BAPTIST</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>510 EAST MADISON</u> 0296	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GERTRUDE</u> b. (Middle) _____ c. (Last) <u>WHITAKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC, 3, 1954</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>JUNE, 24, 1884</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 14 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FRISCO TYPIST</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ILLINOIS</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>SIDNEY WHITAKER</u>		13b. MOTHER'S MAIDEN NAME <u>RUTH RULON</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MISS LEONA WHITAKER, 510 E. MADISON</u>	
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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) <u>Intestinal obstruction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>5705F</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture neck Rt. Femur</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>2 weeks</u>
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19a. DATE OF OPERATION <u>11-24-54</u> <u>11-27-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture neck right femur</u> <u>(2) Duodenal ulcer and peritoneal bands</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____		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 11-21-54, 1954, to 12-3, 1954 that I last saw the deceased alive on 12-3, 1954, and that death occurred at 8:18A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas E. Coble M.D.</u>		23b. ADDRESS <u>Springfield Mo.</u>		23c. DATE SIGNED <u>12-3-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/5/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE PARK</u>	
				24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MISSOURI</u>	

DATE REC'D BY LOCAL REG. <u>12-6-54</u>		REGISTRAR'S SIGNATURE <u>Earl Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HERMAN LOHMEYER SPRINGFIELD, MO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1938

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..... *Gene B. Hunter*

Licensed Embalmer No. *475*

P. O. Address *Springfield*

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.