

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14980

State File No. _____

FILED JUN 13 1955

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Rural</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hosp. Cameron</u>		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) <u>Grand River Township</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u> b. (Middle) <u>May</u> c. (Last) <u>Whiteaker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 30 55</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 31 - 1874</u>	9. AGE (In years last birthday) <u>81</u>	# UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Redeby Mo. Platt Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Edson Fitzgerald</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie Mc Gill</u>		14. NAME OF HUSBAND OR WIFE <u>Wm N. Whiteaker</u>	
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>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm N. Whiteaker</u> ADDRESS <u>Cameron 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		<u>12 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>obesity</u>		<u>10 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cancer utero</u>		<u>4221 H</u>	<u>25 yrs</u>
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?

22. I hereby certify that I attended the deceased from 12-30, 1953, to 5-30, 1955, that I last saw the deceased alive on 5-30, 1955, and that death occurred at 5:40 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. Wetherston MD</u>		23b. ADDRESS <u>Cameron Mo</u>		23c. DATE SIGNED <u>5-31-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-1-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairland cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cameron Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-6-55</u>	REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u> ADDRESS <u>Cameron</u>		

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..... Robert Z. Poland

Licensed Embalmer No..... 477

P. O. Address..... 225 W. C. Street

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.