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THE DIVISION OF HEALTH AND MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29111**  
Registrar's No. **538**

BIRTH NO. **FILED OCT 13 1955** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY OR TOWN <b>Poplar Bluff</b>	c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY OR TOWN <b>Poplar Bluff</b>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VA Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>Route # 3</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Silas</b> b. (Middle) <b>M.</b> c. (Last) <b>Whitener</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 1, 1955</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>11-16-94</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MO PAC RR</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Greenville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Vina Whitener</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WWT</b>		16. SOCIAL SECURITY NO. <b>491-26-7464</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA Hospital Records</b>	

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) <b>Ruptured right lung</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fracture, skull</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture, left clavicle</b>		INTERVAL BETWEEN ONSET AND DEATH	
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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) <b>012</b> (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 **VA** attended the deceased from **Oct. 1, 1955**, to **Oct 1, 1955**, and that death occurred at **9:15 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. W. GASKINS, M.D., Chief Surg. Serv.</b>		23b. ADDRESS <b>VAH, POPLAR BLUFF, MO.</b>		23c. DATE SIGNED <b>10-3-55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-5-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>McGae</b>	24d. LOCATION (City, town, or county) (State) <b>Wayne County, MO</b>		
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DATE REC'D BY LOCAL REG. <b>10/5/55</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E.L. Watkins &amp; Sons Puxico Mo,</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
OCT 10 1955  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

OCT 10 1955  
NOV 9 1955  
DEC 1 2 1955  
OCT 19 1955  
NOV 6 1955

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 Marsh W. Watkins

Licensed Embalmer No. 47

P. O. Address Butler

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.