

FILED JAN 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2486

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 47

283  
0

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>ST. CHARLES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. CHARLES</u>		c. LENGTH OF STAY (in this place) <u>16 YRS</u>	c. CITY OR TOWN <u>ST. CHARLES</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPHS HOSPITAL</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>1612 TRENDLEY</u> <u>09230</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SCOTT</u> b. (Middle) <u>RUSSELL</u> c. (Last) <u>WHITMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 23 1956</u>
--	---

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 20, 1904</u>	9. AGE (In years last birthday) <u>51</u> IF UNDER 1 YEAR Months <u>6</u> IF UNDER 24 HRS. Days <u>3</u> Hours Min.
-----------------	---------------------------	---	---------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CABINET MAKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CABINET SHOP</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MASON CITY IOWA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>CHARLES WHITMAN</u>	13b. MOTHER'S MAIDEN NAME <u>EMMA STOLTENBERG</u>	14. NAME OF HUSBAND OR WIFE <u>DOROTHY T. WHITMAN</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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>DOROTHY T. WHITMAN</u> ADDRESS <u>ST. CHARLES MO</u>
--	-------------------------------------	---

18. DATE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>DEC. 1953</u>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LAENNEC'S CIRRHOSIS OF LIVER</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 YRS</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>DEC. 1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>CIRRHOSIS OF LIVER WITH PORTAL CONGESTION + SPLENOHEGALY</u>		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 JULY 18, 1955, to JAN. 23, 1956, that I last saw the deceased alive on JAN. 23, 1956, and that death occurred at 8:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul T. Rucker</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>ST. CHARLES, MO</u>	23c. DATE SIGNED <u>1/25/56</u>
--	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-26-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. CHARLES MO</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Jan 24 1956</u>	REGISTRAR'S SIGNATURE <u>Fannie Hamilton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. L. Prinster</u> ADDRESS <u>St. Charles Mo.</u>
---	--	---

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

FEB 1 1915

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 *G. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address *N. La*

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.