S. No. 300
v. 10.48

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37323

State File No.

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5217 Registrar's No. 117

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Archie Rural Austin township
c. LENGTH OF STAY (In this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): In His home 5 M. East Archie

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Archie
d. STREET ADDRESS (If rural, give location): 0190

3. NAME OF DECEASED (Type or Print)
a. (First): Jess
b. (Middle):
c. (Last): Whitney

4. DATE OF DEATH (Month) (Day) (Year): November 15 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 19 1880
9. AGE (In years last birthday): 76 — 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): Retired Businessman
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Near Farmer N.C.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Jo Whitney
13b. MOTHER'S MAIDEN NAME: Mary Ellen Chroniger
14. NAME OF HUSBAND OR WIFE: Margaret Guss Whitney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 490-16-9614
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Margaret Whitney
ADDRESS: Archie, Missouri

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) Status asmatheus — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) probable Cancer of liver — 2 yr.
DUE TO (c) Tuberculosis (old healed case)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 1561A
20. AUTOPSY? YES ☐ NO ☒

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): Archie — (COUNTY): Cass — (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY, OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 27, 1954, *to* Nov 18, 1956, *that I last saw the deceased alive on* Nov 13, 1956, *and that death occurred at* 11:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: P S Coleson (Degree or title): DO
23b. ADDRESS: Adrian Mo
23c. DATE SIGNED: Nov 17 1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 18 1956
24c. NAME OF CEMETERY OR CREMATORY: Crescent Hill Cemetery
24d. LOCATION (City, town, or county) (State): Near Adrian, Missouri

DATE REC'D BY LOCAL REG.: 11-28-56
REGISTRAR'S SIGNATURE: Prudilla Henderson
25. FUNERAL DIRECTOR'S SIGNATURE: Atkinson-Dickey
ADDRESS: Archie Mo

(Embalmer's Statement on Reverse Side)

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

RECEIVED
NOV 26 1956
HEALTH DEPARTMENT

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Robert Atkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 4902

P. O. Address Hancock, Ms

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.