

FILED JAN 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1978

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 8

| | | | | | | | | | |
|--|--|--|--|--|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Macon | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone | | | | | |
| b. CITY OR TOWN Macon, Hudson TWP | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN Columbia, Missouri | | d. STREET ADDRESS (If rural, give location) Frederick Apartments | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Iva | | | b. (Middle) D | | c. (Last) Whittle | | 4. DATE OF DEATH (Month) (Day) (Year) January 11 1957 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | | 8. DATE OF BIRTH June 18, 1869 | | 9. AGE (In years last birthday) IF UNDER 1 YEAR 87 Months 6 Days 24 Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY housewife | | 11. BIRTHPLACE (City and State or Foreign Country) Sturgeon, Missouri | | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME Thomas Stewart | | | 13b. MOTHER'S MAIDEN NAME Matilda Crosswhite | | | 14. NAME OF HUSBAND OR WIFE T.W. Whittle | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Lewis C. Cook, 6067 Millbrook Dr. Dayton, Ohio | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary failure | | | | | | | | 16 days | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | | | | | | |
| ANTECEDENT CAUSES | | | | | | | | | |
| DUE TO (b) chronic brain syndrome | | | | | | | | 4 years | |
| DUE TO (c) arteriosclerosis | | | | | | | | 7 years | |
| 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 4500 | | | | | | 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) m. | | 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 June 30, 1956 , to Jan. 11, 1957 , that I last saw the deceased alive on Jan. 11, 1957 , and that death occurred at 3:15 P.M. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Anna P. Mauck D.O. | | | | 23b. ADDRESS Macon, Missouri | | | | 23c. DATE SIGNED 1-11-57 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1-13-1957 | | 24c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery | | 24d. LOCATION (City, town, or county) (State) Columbia, Missouri. | | | |
| DATE REC'D BY LOCAL REG. 1-11-57 | | REGISTRAR'S SIGNATURE Ruth M. Neely | | | 25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service, Columbia, Mo. | | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY - USING INK

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RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No.
Date Filed

JUN 21 1957

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
Student Embalmer

Signed Tom McHarg

Licensed Embalmer No. 4067

P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.