

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1984

State File No.

FILED JAN 8 1957

BIRTH NO. 124 REG. DIST. NO. 806 PRIMARY REG. DIST. NO. 2042 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY OR TOWN <u>FREDERICKTOWN</u>	c. LENGTH OF STAY (in this place) <u>10 mos.</u>	c. CITY OR TOWN <u>FREDERICKTOWN</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>208 VIRGINIA</u>		f. STREET ADDRESS (If rural, give location) <u>109 SALINE ST. 2620</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTILA</u> b. (Middle) <u>LUCRETIA</u> c. (Last) <u>WHITENER</u>	4. DATE OF DEATH <u>JAN. 3, 1957</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>MAR. 12, 1875</u>	9. AGE (In years, last birthday) <u>81</u>	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Days	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>MADISON COUNTY, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>HICKS WRAY</u>	13b. MOTHER'S MAIDEN NAME <u>JULIA RUDSELL</u>	14. NAME OF HUSBAND OR WIFE (DECEASED) <u>HENRY P. WHITENER</u>
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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>E.O. WHITENER - FREDERICKTOWN, MO.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Bronchitis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>410x</u>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from 1-3-57 to 1-3-57, 1957, that I last saw the deceased alive on 1-3-57, 1957, and that death occurred at 11:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) of 23b. ADDRESS <u>135 W. Main Fredericktown</u>	23c. DATE SIGNED <u>1-4-57</u>
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24a. BURIAL CREMATION REMOVAL (Specify)	24b. DATE <u>JAN. 5, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. PISGAH CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>
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DATE REC'D BY LOCAL REG. <u>1-4-1957</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>FREDERICKTOWN, MO.</u>
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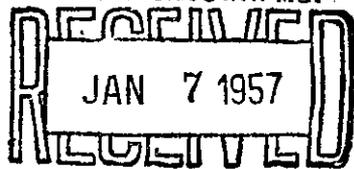
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

621

1870

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 127-6

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 Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown

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.