

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7219

State File No. ....

FILED FEB 25 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. LENGTH OF STAY (in this place) <u>5 Hours</u>	c. CITY OR TOWN <u>Campbell</u> <u>0360</u> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>608 S. Oak St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u> b. (Middle) <u>Maude</u> c. (Last) <u>Whitsett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 9 1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-8-1882</u>	9. AGE (in years last birthday) <u>74</u> Months <u>6</u> Days <u>1</u>	IF UNDER 1 YEAR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana /</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>D. B. Whitrow</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown Whitrow</u>		14. NAME OF HUSBAND OR WIFE <u>John Whitsett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bessie Martin, Gainsville, Ark.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia - bronchial</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>cerebral hemorrhage</u> DUE TO (c) <u>Hypertension - Ess.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>10 days</u>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</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) <u>331x</u>	
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 I attended the deceased from 2-6, 1957, to 2-9, 1957, that I last saw the deceased alive on 2-9, 1957, and that death occurred at 7:55 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. D. Urban M.D.</u> (Degree or title)		23b. ADDRESS <u>Sikeston</u>		23c. DATE SIGNED <u>2-11-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 12, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gainsville Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Gainsville, Arkansas</u>	

DATE REC'D BY LOCAL REG. <u>2-15-57</u>		REGISTRAR'S SIGNATURE <u>Max. Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Landess Funeral Home, Campbell, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

429-0

DATE RECEIVED FEB 18 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 257-40

FEB 26 1957

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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

*Christina M. Landers*

Licensed Embalmer No. 422

P. O. Address Campbell

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.