S. No. 300
v. 10.48

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

FILED APR 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12329

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 3151 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: CALDWELL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL KIDDER
c. LENGTH OF STAY (in this place): 8 Mths.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD #2 CAMERON MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: CALDWELL
c. CITY OR TOWN: RURAL
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 6 Mi. EAST of CAMERON Mo

3. NAME OF DECEASED (Type or Print)
a. (First): FLORA
b. (Middle): ALICE
c. (Last): WHITAKER

4. DATE OF DEATH (Month) (Day) (Year): 3 27 57

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: SEPT 8 1869
9. AGE (In years last birthday): 87 — 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): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: SAME
11. BIRTHPLACE (City and State or Foreign Country): COSHOCTON OHIO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: H.S. McVICKER
13b. MOTHER'S MAIDEN NAME: ORTHA EMLER
14. NAME OF HUSBAND OR WIFE: DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Sadie Taylor — **ADDRESS**: Cameron

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertension + Metrial Regurgitation
DUE TO (c):

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: 410X
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) (COUNTY) (STATE)
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* Jan 9, 1951, *to* March 27 1957, *that I last saw the deceased alive on* March 27 1957 *and that death occurred at* 9:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: A O Gilliland (Degree or title) M.D.
23b. ADDRESS: Cameron Missouri
23c. DATE SIGNED: 3-27-57

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: 3-29-57
24c. NAME OF CEMETERY OR CREMATORY: McDaniel
24d. LOCATION (City, town, or county) (State): Cameron Mo

DATE REC'D BY LOCAL REG.: April 9-57
REGISTRAR'S SIGNATURE: Gladys Jones
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Poland Funeral Home Cameron

(Licensed Embalmer's Statement on Reverse Side)

37-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert F Palm

Licensed Embalmer No. 477

P. O. Address 222 west Camero

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.