

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44989**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **5667** Registrar's No. **47**

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bedford Township</b>		c. LENGTH OF STAY (in this place) <b>Month</b>	c. CITY OR TOWN <b>RFD - Foley</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lincoln County Memorial Hosp.</b>		f. STREET ADDRESS (If rural, give location) <b>3 miles north of Foley</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Richard</b>	b. (Middle) <b>Franklin</b>	c. (Last) <b>Whiteside</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 3, 1957</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Nov. 29, 1883</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>self employed</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Foley, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Josiah Whiteside</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Parks</b>	14. NAME OF HUSBAND OR WIFE <b>Mary (Crevey) Whiteside</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>yes - no, not known</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Whiteside - RFD - Foley, Mo.</b>	ADDRESS
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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, assthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Prostate and urinary bladder</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>1998</b>	

19a. DATE OF OPERATION <b>1956-57</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of urinary bladder &amp; prostate</b>	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 **Oct 1, 1957**, to **12/3, 1957**, that I last saw the deceased alive on **Dec 3, 1957**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. Orisk</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Troy Mo.</b>	23c. DATE SIGNED <b>12/7/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 5, 1957</b>	24c. NAME OF CEMETERY <b>Star Hope</b>	24d. LOCATION (City, town, or county) (State) <b>RFD - Elsberry, Missouri</b>
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DATE REC'D BY LOCAL HEALTH DEPT. <b>DEC 13 1957</b>	REGISTRAR'S SIGNATURE <b>W. H. Schrenker</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>O'Harlan Ricks</b>	ADDRESS <b>Elsberry, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

550

DEC 18 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 .....  
Signature of Student Embalmer

Signed *[Signature]* .....  
Licensed Embalmer No. 4012

P. O. Address *Elsberry Mo* .....

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.