Health & Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043395
STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 711

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN: Poplar Bluff — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Brandon Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Stoddard
c. CITY OR TOWN: Bernie 1030 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Gertrude Middle: Last: Whitener

4. DATE OF DEATH: Month: Dec. Day: 28 Year: 1958

5. SEX: Female **6. COLOR OR RACE**: White **7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: July 24, 1871 **9. AGE** (In years last birthday): 87 IF UNDER 1 YEAR: Months: 5 Days: 4 IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired House-keeper **10b. KIND OF BUSINESS OR INDUSTRY**:

11. BIRTHPLACE (City and state or country): Mitchell, Indiana **12. CITIZEN OF WHAT COUNTRY?**: U. S. A.

13a. FATHER'S NAME: Jack Charles **13b. MOTHER'S MAIDEN NAME**: Matilda Toliver **14. NAME OF HUSBAND OR WIFE**: O. J. Whitener (Dec'd)

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**: Mrs. Dessie Summers, Address: Bernie, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITER IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	hypostatic pneumonia	1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	chronic myocarditis	6 months
DUE TO (c)	fracture right hip 4222	5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-13-58, to 12-28-58 and last saw her/him alive on 12-28-58
Death occurred at 3:35 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. L. Brandon, M.D. **22b. ADDRESS**: 1124 N. Main, Poplar Bluff, Mo. **22c. DATE SIGNED**: 12-30-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 12-31-58 **23c. NAME OF CEMETERY OR CREMATORY**: Baker **23d. LOCATION** (City, town, or county) (State): Lutesville, Missouri

24. FUNERAL DIRECTOR: Duffie-Rainey **ADDRESS**: Bernie, Missouri **25. DATE REC'D. BY LOCAL REG.**: 12/27/58 **26. REGISTRAR'S SIGNATURE**:

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

BUTLER CO. HEALTH CENTER

FILE No.

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 ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.