

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047316

STATE FILE NUMBER

FILED FEB 24 1959

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 78

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300
1-57

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		c. CITY OR TOWN Poplar Bluff <u>6, 24</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 837 Vine St.		d. STREET ADDRESS (If outside, give location) 837 Vine St.	
3. NAME OF DECEASED (Type or print) First Ada Middle N. Last Whitaker		4. DATE OF DEATH Month December Day 13 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 9, 1878
9. AGE (In years (birthday)) 80		IF UNDER 1 YEAR Months 3 Days 4	
IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Indiana
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Peter Leslie		13b. MOTHER'S MAIDEN NAME Luticia Hart	14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Bonnie Cunning Address 837 Vine St. Poplar Bluff, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock			INTERVAL BETWEEN ONSET AND DEATH 8 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Extensive lacerations 80% of body surface			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) Senility			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Deceased's clothes caught fire from gas heater	
20c. TIME OF INJURY Hour 11 a.m. 12 Month 13 Day 58 Year			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 128	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 13 Dec. 58 to 13 Dec 58 and last saw her alive on 13 Dec 58 Death occurred at 7:00PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Cyril A. Post M.D.		22b. ADDRESS Poplar Bluff, Mo.	
22c. DATE SIGNED 15 Dec. 58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 15, 1958	23c. NAME OF CEMETERY OR CREMATORY Memorial Garden
23d. LOCATION (City, town, or county) Poplar Bluff, Mo.		(State)	
24. FUNERAL DIRECTOR Russell-Ermert		ADDRESS BOX 377 Corning, Ark.	25. DATE RECD. BY LOCAL REG. 2/14/59
26. REGISTRAR'S SIGNATURE R. S. Pruetter			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 Richard O. Egan

Licensed Embalmer No. 782

P. O. Address Cornings

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.