

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009907  
STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 69  
DIED APR 9 1959

1. PLACE OF DEATH a. COUNTY <i>Jasper</i>		2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jasper</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Carthage Mo</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Saraspi</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Luke Hosp</i> Length of stay in lb <i>3 da</i>		d. STREET ADDRESS (If outside, give location) <i>Mo</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <i>Myrtle Agnes Whitaker</i>			4. DATE OF DEATH <i>3-24-59</i>		
5. SEX <i>Fe</i>	6. COLOR OR RACE <i>Wh</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>2-19-1888</i>	9. AGE (In years last birthday) <i>71</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>		11. BIRTHPLACE (City and state or country) <i>Pomona Kans</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>David Malou</i>		14. MOTHER'S MAIDEN NAME <i>Katherine Welsh</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <input checked="" type="checkbox"/> <i>E</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Da Whitaker</i> Address <i>Saraspi Mo</i>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia, bilateral</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			490X		
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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 *3/25/59* to *3/26/59* and last saw <sup>her</sup> <sub>him</sub> *alive* on *3/26/59*  
Death occurred at *10:30 a.m.* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *Frank H. Brown M.D.* 22b. ADDRESS *Carthage Mo* 22c. DATE SIGNED *3-25-59*

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>3-26-59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Clear Creek</i>		23d. LOCATION (City, town, or county) (State) <i>Springfield Mo</i>	
24. FUNERAL DIRECTOR <i>Jackson &amp; Sons</i> ADDRESS <i>Saraspi Mo</i>				25. DATE RECD. BY LOCAL REG. <i>3-26-59</i>		26. REGISTERING SIGNATURE <i>W. Clinton</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 10 1958

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. *Wm K. Jackson* .....

Licensed Embalmer No. *3* .....

P. O. Address *Lucas* .....

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