

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009927
STATE FILE NUMBER

FILED APR 7 1959 Registration District No. 155 Primary Registration District No. 4244 Registrar's No. 53

300
-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cartersville		c. CITY OR TOWN Cartersville 0490	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 319 W. Daugherty		Length of stay in lb 8 years	d. STREET ADDRESS (If outside, give location) 319 W. Daugherty
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Charles Littleton Whitten			4. DATE OF DEATH Month Day Year April 1, 1959		
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 22, 1878	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired merchant	10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (City and state or country) Howard County Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Levi Crawford Whitten	13b. MOTHER'S MAIDEN NAME Sarah Louise Farrow	14. NAME OF HUSBAND OR WIFE Jeanette Izora Whitten
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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. No	17. INFORMANT Mrs Jeanette Whitten, Cartersville Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive failure		INTERVAL BETWEEN ONSET AND DEATH 2 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Auricular fibrillation		2 months
	DUE TO (c) Arteriosclerotic heart disease		unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	

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.)
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20c. TIME OF INJURY Hour Month, Day, Year g.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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
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21. I attended the deceased from 2-19-59 to 4-1-59 and last saw him alive on 4-1-59 Death occurred at 9:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Emma Ferguson MS.	22b. ADDRESS Webb City, Mo	22c. DATE SIGNED 4/2/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 4, 1959	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park	23d. LOCATION (City, town, or county) (State) Joplin Missouri
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24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home, Webb City Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 4-3-59	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 Gray*

Licensed Embalmer No. *4400*

P. O. Address *Webb City*

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.