

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002420

FILED VS FEB 7 1961

Registration District No. 270 Primary Registration District No. 2050 Registrar's No. 6

STATE FILE NUMBER

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pemiscot</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> COUNTY <u>Pemiscot</u>                    |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Caruthersville</u>   |   | Length of stay in 1b<br><u>2 months</u>   | c. CITY OR TOWN <u>Caruthersville</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Home</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>209 E. 19th St</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Sarah</u> Middle <u>Frances</u> Last <u>Whitwell</u>   |   |   | 4. DATE OF DEATH<br>Month <u>Jan</u> Day <u>11</u> Year <u>1961</u>   |
| 5. SEX<br><u>F</u>   | 6. COLOR OR RACE<br><u>white</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Oct. 21, 1974</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>none</u>  | 9. AGE (last birthday)<br><u>86</u><br>IF UNDER 1 YEAR<br>Months <u>2</u> Days <u>20</u><br>IF UNDER 24 HR<br>Hours <u></u> Min. <u></u>                        |
| 11. BIRTHPLACE (City and state or country)<br><u>Pemiscot County Mo. U.S.A.</u>  |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |   |
| 13a. FATHER'S NAME<br><u>Unknown</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Earstine Wilbanks</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>Isac Whitwell</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |   | 16. SOCIAL SECURITY NO.<br><u>none</u>  | 17. INFORMANT<br><u>Isac Whitwell Caruthersville, Mo</u><br>Address   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Pneumonia</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)<br>DUE TO (c)<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I) (a)<br><u>General debility &amp; low vitality</u> |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 days</u>   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 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<br>Hour _____ a.m. _____ p.m. Month, Day, Year _____   |   |   |   |
| 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 <u>11-28-60</u> to <u>1-11-61</u> and last saw her <u>him</u> alive on <u>1-10-61</u><br>Death occurred at <u>10:20 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><u>J. W. Tipton</u>  |   | 22b. ADDRESS<br><u>Caruthersville, Mo.</u>  | 22c. DATE SIGNED<br><u>1-19-61</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>Jan-13-1961</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Little Prairie</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Caruthersville Mo</u>   |
| 24. FUNERAL DIRECTOR<br><u>Noel C. Dean C'Ville, Mo</u><br>ADDRESS   |   | 25. DATE RECD. BY LOCAL REG.<br><u>1-20-61</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Jack W Tipton</u>   |

**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

*Noel C. Sean*

Licensed Embalmer No.

*3941*

P. O. Address

*Caruthersville  
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.