

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 13 1957

State File No. 12399

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 258

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY OR TOWN Bloomfield,	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 5 DYS		e. STREET ADDRESS (If rural, give location) -----	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) MARTHA b. (Middle) ELLEN c. (Last) WHITLEGGE			4. DATE OF DEATH May 7, 1957			
5. SEX F.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 30-1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 5 Days 7	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Near Bloomfield, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME William Christian		13b. MOTHER'S MAIDEN NAME Nancy Arnold		14. NAME OF HUSBAND OR WIFE Edward Lee Whitlegge	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. W. Whitlegge, Bloomfield, Mo. RFD.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		DUE TO (b) _____				
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			4-200F	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephritis Intervertebral disc fracture left hip						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Intervertebral Fracture of left Hip		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 3, 1957, to May 7, 1957, that I last saw the deceased alive on May 7, 1957 and that death occurred at 2:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE P. Koster M.D.		(Degree or title) M.D.		23b. ADDRESS 937 Broadway Cape Girardeau Mo.		23c. DATE SIGNED 5-10-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 9-57		24c. NAME OF CEMETERY OR CREMATORY West Pleasant Valley		24d. LOCATION (City, town, or county) (State) Stoddard co, Missouri	

DATE REC'D BY LOCAL REG. 5-11-57		REGISTRAR'S SIGNATURE T. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CHILES UND. CO. Bloomfield, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

44-0

**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 Lulu Cooper # 3499....., ~~Student Embalmer No.~~ working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Lulu C. Cooper.....

Licensed Embalmer No. 4119.....

P. O. Address Bloomfield, N.J.

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.