

FILED DEC 18 1950

STANDARD CERTIFICATE OF DEATH

40053

State File No.

Registrar's No. 91

BIRTH NO.		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 5782	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Shawneetown</u> c. LENGTH OF STAY (In this place) <u>1</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Mo R F D #1</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> d. STREET ADDRESS (If rural, give location) <u>Jackson Mo R F D #1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Serilda</u> b. (Middle) <u>Octavia</u> c. (Last) <u>Whitledge</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 4 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 13 1865</u>	9. AGE (In years last birthday) <u>85</u>	10. UNDER 1 YEAR Months <u>21</u> Days <u>21</u> Hours <u>21</u> Min. <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Shawneetown Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>Alfred Gotner</u>		13b. MOTHER'S MAIDEN NAME <u>Emiline Hinkle</u>	
14. NAME OF HUSBAND OR WIFE <u>J P Whitledge</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>1604 4200 1</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd Whitledge</u>		18. ADDRESS <u>Jackson Mo R F D #1</u>		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the uterus</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>174X</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Sanitary</u>		20. AUTOPSY? YES ☐ NO ☐		21. DATE OF OPERATION	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1942</u> to <u>Dec 3</u> , 1950, that I last saw the deceased alive on <u>Dec 3</u> , 1950, and that death occurred at <u>9:00 AM</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>R D Blum Lock M.D.</u>		23b. ADDRESS <u>Oak Ridge Mo</u>		23c. DATE SIGNED <u>12-6-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 6 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Apple Creek</u>	
24d. LOCATION (City, town, or county) (State) <u>Pocheonas Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McCombs Funeral Home</u>		25. ADDRESS <u>Jackson Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Dec 6-50</u>		REGISTRAR'S SIGNATURE <u>D. G. Searles</u>		43	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DEC 15 1950

DISTRICT HEALTH OFFICE No. 6

File No.

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

working under my personal supervision.

Student Embalmer No.

Signed.....

BH Meyer

Signed.....

Student Embalmer

Licensed Embalmer No. *3057*

P. O. Address.....

Jackson 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 this body is not embalmed, fact should be so stated above.