

FILED FEB 26 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 6810

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. #1478			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Oklahoma				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri			c. LENGTH OF STAY (in this place) 6 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tulsa			d. STREET ADDRESS (If rural, give location) 2918 East 49th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL									
3. NAME OF DECEASED (Type or Print) a. (First) George			b. (Middle) Stoner		c. (Last) Whitaker		4. DATE OF DEATH (Month) (Day) (Year) February 15, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 4, 1899		9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman; Roberts		10b. KIND OF BUSINESS OR INDUSTRY Johnson & RandShoe Co.		11. BIRTHPLACE (State or foreign country) Bell Buckle, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Benjamin Archer Whitaker.			13b. MOTHER'S MAIDEN NAME Sue Frances Craig.			14. NAME OF HUSBAND OR WIFE Mrs. Dorothy Whitaker.			
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. 493-01-1868		17. INFORMANT'S SIGNATURE OR NAME Mrs. Dorothy Whitaker; Tulsa, Oklahoma				ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery disease & occlusion + infarct.						INTERVAL BETWEEN ONSET AND DEATH 28 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis						28 yrs.	
		DUE TO (b) _____							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 94							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION H201						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT <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 Feb. 9, 1949 , to Feb. 15, 1949 , that I last saw the deceased alive on Feb. 15, 1949 , and that death occurred at 7:30A m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J.R. Bradley M.D.				23b. ADDRESS BARNES HOSPITAL			23c. DATE SIGNED 2/15/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/15/49	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Tulsa, Oklahoma.				
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE J. B. Pasater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.				

JAN 25 1950

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
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.