

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5190

State File No.

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5588 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN <u>Rural Jasper</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jasper Twp (Rural)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 1 6490</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Jane</u> c. (Last) <u>Whiteaker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 25 - 50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12/4/1899</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		9b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	9. AGE (In years last birthday) <u>50</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>27</u> IF UNDER 24 HRS. Min. <u>00</u>
10a. FATHER'S NAME <u>John A Whiteaker</u>		10b. MOTHER'S MAIDEN NAME <u>Francis Sprouse</u>	11. BIRTHPLACE (State or foreign country) <u>Reeds MO</u>
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		12. CITIZEN OF WHAT COUNTRY? <u>MO</u>	
12. SOCIAL SECURITY NO. <u>---</u>		13. INFORMANT'S SIGNATURE OR NAME <u>Mrs Tom Grace, Jasper MO</u> ADDRESS <u>---</u>	
14. 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* <u>Cardiac Respiratory failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>157X</u> ANTECEDENT CAUSES DUE TO (a) <u>Mal. nutrition, Starvation</u> DUE TO (b) <u>Cancer of Head of Pancreas</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>with metastases of</u>	
15a. DATE OF OPERATION	15b. MAJOR FINDINGS OF OPERATION <u>Proctenum & Gall ducts</u>		16. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
17a. ACCIDENT SUICIDE HOMICIDE (Specify)	17b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	17c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
17d. TIME OF INJURY (Month) (Day) (Year) (Hour)	17e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	17f. HOW DID INJURY OCCUR?	
18. I hereby certify that I attended the deceased from <u>Jan 1942</u> , to <u>Jan 25, 1950</u> , that I last saw the deceased alive on <u>Jan 24, 1950</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.			
19a. SIGNATURE <u>D. O. Schilbane</u> (Degree or title)	19b. ADDRESS <u>Jasper MO</u>	19c. DATE SIGNED <u>1/26/50</u>	
20a. BURIAL, CREMATION, REMOVAL (Specify)	20b. DATE <u>Jan 27/50</u>	20c. NAME OF CEMETERY OR CREMATORY <u>Harvey Cem</u>	20d. LOCATION (City, town, or county) (State) <u>La Russell, MO</u>
21. DATE REC'D BY LOCAL REG. <u>Feb 2 1950</u>	22. REGISTRAR'S SIGNATURE <u>L. B. Clinton, M.D.</u>	23. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson & Sons</u>	24. ADDRESS <u>Jasper MO</u>

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

RECEIVED 2-6-50
Jasper County Health Office

FEB 27 1950

MAR 3 1950

County File Number 50-1-80

Date Filed 2-23-50

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 me

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed

Wm K Jackson

Licensed Embalmer No.

3954

P. O. Address

Carrollville 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.