P.S. No. 300
Rev. 10.48

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

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13819

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5762 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Marion Round Grove Twp
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maywood
c. LENGTH OF STAY (in this place): 63 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maywood 0640
d. STREET ADDRESS (If rural, give location): 8 mi. S.W. Maywood

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Marion
c. (Last): Whitaker

4. DATE OF DEATH (Month) (Day) (Year): April 11 1950

5. SEX: M
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: March 11 1855
9. AGE (In years last birthday): 95
If under 1 year: Months 3 Days —
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Marion County
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Townsend Whitaker
13b. MOTHER'S MAIDEN NAME: Jane Pell
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Elmer Whitaker
ADDRESS: Maywood

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4322

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 2, 1950, *to* April 11, 1950, *that I last saw the deceased alive on* April 11, 1950, *and that death occurred at* 12 m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. A. Hall (Degree or title) M.D.
23b. ADDRESS: Palmyra Mo
23c. DATE SIGNED: 4/12/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 13 1950
24c. NAME OF CEMETERY OR CREMATORY: Hunter
24d. LOCATION (City, town, or county) (State): West of Maywood

DATE REC'D BY LOCAL REG.: 4/12/50
REGISTRAR'S SIGNATURE: Dr. E. M. Luckey By Viola Geer, Dep.
25. FUNERAL DIRECTOR'S SIGNATURE: Thomas Ball
ADDRESS: Emma, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 19 1950
MARION CO. HEALTH DEPT.
DATE FILED APR 19 1950

[illegible] - 9 - 46
11 - 11 - 5981
11 - 6 - 5611
[illegible]

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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing 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.