

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16235**
Registrar's No. **490**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Webster	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seymour, Rte 4 Rural	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) R#4 1170	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) L. c. (Last) Whittaker			4. DATE OF DEATH (Month) (Day) (Year) June 1 1951			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug-4-1889	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 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 farm		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Vincent Whittaker		13b. MOTHER'S MAIDEN NAME Rebecca Hicks		14. NAME OF HUSBAND OR WIFE Bertha Whittaker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Whittaker - Springfield	

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) Hemorrhage of the colon		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				sudden	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				578X	

19a. DATE OF OPERATION 6/1/51		19b. MAJOR FINDINGS OF OPERATION Death occurred during operation				20. AUTOPSY? 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 31**, 19**51**, to **June 1**, 19**51**, that I last saw the deceased alive on **June 1, 1951**, and that death occurred at **midnight** from the causes and on the date stated above.

23a. SIGNATURE Ellis R. Webb MD (Degree or title)		23b. ADDRESS 609 Cherry St., Springfield, Mo		23c. DATE SIGNED 6/6/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-5-51		24c. NAME OF CEMETERY OR CREMATORY Seymour	
24d. LOCATION (City, town, or county) (State) County MNW, Seymour		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kelley Ferrell Bergman 2700			
DATE REC'D BY LOCAL REG. 6-7-51		REGISTRAR'S SIGNATURE W E Handley			

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

0396

JUN 28 1958

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 K K Kelley

Licensed Embalmer No. 3334

P. O. Address Ford Landers

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.