

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1729

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 53

495

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

0495

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (In this place) 33 yrs		d. STREET ADDRESS (If rural, give location) 2025 Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2025 Main		e. FULL NAME OF DECEASED	
a. (First) James		b. (Middle) Albert	
c. (Last) Whitaker		4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1952	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED never married	8. DATE OF BIRTH May 4, 1872
9. AGE (In years) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) telegraph operator	
11. BIRTHPLACE (State or foreign country) New London, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Whitaker		13b. MOTHER'S MAIDEN NAME Evelyn Jones	
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) unknown	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. C. Whitaker, San Antonio, Texas	
18. CAUSE OF DEATH			
Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation			
INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthma, 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X	
20. AUTOPSY? YES <input 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) (Minute)		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 2-24-1951 to 2-1-1952, that I last saw the deceased alive on 2-1-1952, and that death occurred at 4:10 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Ed J. Janner (Degree or title) M.D.		23b. ADDRESS Joplin, Mo.	
23c. DATE SIGNED 2-2-52			
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 2-3-1952	
24c. NAME OF CEMETERY OR CREMATORY New London		24d. LOCATION (City, town, or county) (State) New London, Iowa	
DATE REC'D BY LOCAL REG. 2-2-52		25. FUNERAL DIRECTOR'S SIGNATURE Steve Parker Mortuary, Joplin, Mo.	

RECEIVED 2-11-52
Jasper County Health Office

County File Number 52/2/107

Date Filed 2-11-52

MAY 13 1952

MAR 23 1955

B-1 Edg
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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 J. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin, 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.