

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2475

FILED APR 7 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 357

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 4 days		d. STREET ADDRESS (If rural, give location) 1420 So. 23rd St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		0117 0	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) E. c. (Last) WHITTAKER			4. DATE OF DEATH (Month) (Day) (Year) March 30 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 9, 1867		9. AGE (In years last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME John G. Whittaker	13b. MOTHER'S MAIDEN NAME Mary Mc Crum	14. NAME OF HUSBAND OR WIFE
--------------------------------------	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Sam E. Whittaker	ADDRESS St. Joseph
--	------------------------------	--	--------------------

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.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Congestive heart failure</i> ANTECEDENT CAUSES <i>arteriosclerotic heart disease</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i> <i>2 years</i>
	II. OTHER SIGNIFICANT CONDITIONS <i>Bronchial pneumonia</i> Conditions contributing to the death but not related to the disease or condition causing death.		<i>1 week</i>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>4200</i>	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)	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 3-26, 1952, to 3-30, 1952, that I last saw the deceased alive on 3-27, 1952, and that death occurred at 6:35A m., from the causes and on the date stated above.

23a. SIGNATURE <i>Lucile W. Loh M.D.</i>	(Degree or title)	23b. ADDRESS <i>902 Edwiff St. Joseph, Mo</i>	23c. DATE SIGNED <i>3-31-52</i>
--	-------------------	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/30/1952	24c. NAME OF CEMETERY OR CREMATORY <i>mt Olive Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Troy Kansas</i>
---	---------------------	---	--

DATE REC'D BY LOCAL REG. APR 15, 1952	REGISTRAR'S SIGNATURE <i>Carl C. Cash</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Stammy Samuel Bone</i>	ADDRESS <i>St. Joseph Mo</i>
---------------------------------------	---	--	------------------------------

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

1170

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 *John W. Stamer* _____

Licensed Embalmer No. *24357* _____

P. O. Address *St. Joseph* _____

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.