

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11944**

FILED MAY 10 1954

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>5562</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron			
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Arcadia		c. LENGTH OF STAY (In this place) 1 1/2 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Arcadia 0470			
d. FULL NAME OF HOSPITAL OR INSTITUTION The Home for Aged Baptists				d. STREET ADDRESS (If rural, give location) 1 1/2 Miles East on Hwy 70			
3. NAME OF DECEASED (Type or Print)			a. (First) Hamilton	b. (Middle) Booker	c. (Last) Whitaker	4. DATE OF DEATH (Month) (Day) (Year) April 22, 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Dec. 20, 1861	
9. AGE (In years last birthday) 92		IF UNDER 1 YEAR Months 4 Days 2		IF UNDER 24 HRS. Hours 2 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister of Gospel			10b. KIND OF BUSINESS OR INDUSTRY Baptist		11. BIRTHPLACE (City and State or Foreign Country) Salem, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Pleasant Whitaker			13b. MOTHER'S MAIDEN NAME Nancy Moore			14. NAME OF HUSBAND OR WIFE Sarah E. Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John H. Burney, Ironton, Mo		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular heart deficiency					?
		ANTECEDENT CAUSES					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		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					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) (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 <u>Jan 1, 1954</u> , to <u>April 22, 1954</u> , that I last saw the deceased alive on <u>April 19, 1954</u> , and that death occurred at <u>6:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. M. Kirkpatrick MD.				23b. ADDRESS Lester ville Mo.		23c. DATE SIGNED 5/3/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-24-54		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Salem Mo	
DATE REC'D BY LOCAL REG. 5-7-54		REGISTRAR'S SIGNATURE Mrs. Avis Jones		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl K. Spencer, Salem Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
0420
610

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 *Annaly White*.....

Licensed Embalmer No. 3012.....

P. O. Address *Irwin Ave*.....

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.