

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040743

FILED VS. NOV 23 1959 / 64

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 3032 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Johnson</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warrensburg</u>		Length of stay in 1b <u>58 Yrs</u>		c. CITY OR TOWN <u>Warrensburg</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>428 E. Market</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>428 E. Market</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>Clifford Madison Whiteaker</u>				4. DATE OF DEATH Month Day Year <u>Nov. 15, 1959</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5-16-85</u>		9. AGE (last birthday) <u>74</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>De Kalb Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>James M. Whiteaker</u>				13b. MOTHER'S MAIDEN NAME <u>Ninnie Kendrick</u>				14. NAME OF HUSBAND OR WIFE <u>Mary Whiteaker</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>492-18-9751</u>		17. INFORMANT Address <u>Mrs Mary Whiteaker, Warrensburg, Mo</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Heart Disease</u>										INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
21. I attended the deceased from <u>June 14, 59</u> to <u>Nov 15, 59</u> and last saw him alive on <u>Nov 15, 59</u> Death occurred at <u>10:45</u> P m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>[Signature]</u>				22b. ADDRESS <u>M.D. Warrensburg, Missouri</u>				22c. DATE SIGNED <u>11-16-59</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-18-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		23d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>							
24. FUNERAL DIRECTOR ADDRESS <u>Sweeney Phillips, Warrensburg, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Nov. 17, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Savannah Curtisfield</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 24 1981 SA

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Miami D. Bailey

Licensed Embalmer No. 4827

P. O. Address Warrensburg

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.