RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ILED VS OCT 24 1960

IDED

-60-038102

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2020 Registrar's No. 1038 A

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in 1b: 7 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Burge Hospitalv — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 670 S. Kimbrough — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First NELL — Middle LEONA — Last WHITAKER

4. DATE OF DEATH Month October — Day 12, — Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Oct 22, 1883

9. AGE (last birthday) 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Teacher

10b. KIND OF BUSINESS OR INDUSTRY Public Schools

11. BIRTHPLACE (City and state or country) Lamar, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Whitaker

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Katherine Hurt, Greenfield, Missouri — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Thrombosis Coronary — INTERVAL BETWEEN ONSET AND DEATH: hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arteriosclerosis

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 November '59, to Oct. 12, 1960 and last saw her/him alive on Dec 11, 1959.
Death occurred at 10:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. H. Wakeman, MD (Degree or title)

22b. ADDRESS Springfield Mo

22c. DATE SIGNED 10-12-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE October 14, 1960

23c. NAME OF CEMETERY OR CREMATORY Maple Park

23d. LOCATION (City, town, or county) (State) Springfield, Missouri

24. FUNERAL DIRECTOR Jewell E. Windle BW. ADDRESS Jewell E. Windle, Springfield, Mo.

25. DATE RECD. BY LOCAL REG. 10-18-60

26. REGISTRAR'S SIGNATURE Effie S. Mellon

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Bernard F. Wrigh

Signature of Student Embalmer

Licensed Embalmer No. 4293

P. O. Address Springfie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.