

FILED SEP 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. 26277

BIRTH NO. _____ REG. DIST. NO. 386 PRIMARY REG. DIST. NO. 5-206 Registrar's No. 10

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

1. PLACE OF DEATH a. COUNTY Carroll Fairfield.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Horsebome, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City Mo. 0480	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 5000 Raytown Rd. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION No. ✓			

3. NAME OF DECEASED (Type or Print)	a. (First) Omar	b. (Middle) Jay	c. (Last) Whitaker	4. DATE OF DEATH (Month) (Day) (Year) Aug. 26 1950
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH 18 June 1917	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months 2 Days 8	IF UNDER 24 HRS. Hours 8 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Structural Worker	10b. KIND OF BUSINESS OR INDUSTRY Steel Construction Johnson Co. MO.	11. BIRTHPLACE (State or foreign country) 0	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME O.B. Whitaker	13b. MOTHER'S MAIDEN NAME Emma Sprinkle	14. NAME OF HUSBAND OR WIFE Martha Whitaker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME O.B. Whitaker, Warrensburg, Mo.	ADDRESS Warrensburg, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accident.		INTERVAL BETWEEN ONSET AND DEATH 89195 43
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fell on Saw (12 days)		
	DUE TO (c) Shot in Left Chest and Left Lung.		
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 Competing distorting left lung. 17	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 3 miles west Bogard	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Fairfield Carroll Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 26 1950 6 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Saw Shot.
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:30 PM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul Anderson, Registrar	23b. ADDRESS Bogard Mo	23c. DATE SIGNED Aug 28 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 29 1950	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	24d. LOCATION (City, town, or county) (State) Warrensburg Mo
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DATE REC'D BY LOCAL REG. Aug. 28-1950	REGISTRAR'S SIGNATURE Emmie Street	48	25. FUNERAL DIRECTOR'S SIGNATURE E. Anderson	ADDRESS Bogard Mo
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SEP 29 1950



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 E. L. Dickerson

Licensed Embalmer No. 2534

P. O. Address Bayou 2nd

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.