

5810

STANDARD CERTIFICATE OF DEATH

9589

State File No.....

FILED MAR 27 1951

BIRTH NO. 17135-51 REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5946 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (St. James)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (St. James)</u>	
c. LENGTH OF STAY (in this place) <u>33dys.</u>		d. STREET ADDRESS (If rural, give location) <u>Residence</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS <u>Residence</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>m</u> c. (Last) <u>Lee Whittaker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 12 - 51</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>3 - 8 - 51</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR <u>4</u>		IF UNDER 4 HRS. Hours Min. -----	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Homer Whittaker</u>		13b. MOTHER'S MAIDEN NAME <u>Doris Patterson</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Homer Whittaker St. James, Mo.</u>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES <u>Prematurity</u> 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 <u>Two days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				<u>7635</u>	

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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 March 8, 1951, to March 12, 1951, that I last saw the deceased alive on March 11, 1951, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James D. Butts M.D.</u>		23b. ADDRESS <u>St. James, Mo.</u>		23c. DATE SIGNED <u>March 15, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-8-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Csar Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Crawford County, Missouri</u>	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>March 19-51</u> <u>Cora E. Birmingham</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dr. E. Schuler St. James, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

County Health Officer,
County File Number ~~357~~
Date Filed March 26, 1951

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.....

Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.