

FILED JUL 23 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23529**

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4612 Registrar's No. 34

1. PLACE OF DEATH

a. COUNTY Knox

b. CITY (If outside corporate limits, write RURAL and give OR TOWN Knox City (rural) c. LENGTH OF STAY (in this place) (township) 43 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY Knox

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Knox City Rural. Bee Ridge

d. STREET ADDRESS _____ (If rural, give location) 0280

3. NAME OF DECEASED

a. (First) V. b. (Middle) Grace c. (Last) Whiteaker

4. DATE OF DEATH (Month) (Day) (Year) July-10-1951

5. SEX F **6. COLOR OR RACE** W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct-25-1882

9. AGE (In years last birthday) 68 (If under 1 year) Months 8 Days 15 (If under 2 hrs.) Hours _____ Min. _____

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

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Tioga, Illinois

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

13a. FATHER'S NAME Benjamin F. Baker

13b. MOTHER'S MAIDEN NAME Mary Ann Beverly

14. NAME OF HUSBAND OR WIFE Aura L. Whiteaker

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 Aura L. Whiteaker **ADDRESS** Knox City, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b); and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

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 Aplastic anemia and functional motor paralysis following hip fracture in 1949

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION 4222

20. AUTOPSY? YES NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from May 10, 1949, to July 6, 1951, that I last saw the deceased alive on July 6, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) D.O.

23b. ADDRESS Edina, Mo.

23c. DATE SIGNED 7/12/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July-12-1951

24c. NAME OF CEMETERY OR CREMATORY Bee Ridge

24d. LOCATION (City, town, or county) (State) Knox County, Missouri

DATE REC'D BY LOCAL REG. July-12-1951

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE [Signature] **ADDRESS** Edina Mo

(Licensed Embalmer's Statement on Reverse Side)

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

0520

Date Received: JUL 14 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57-1257
Date Filed: JUL 14 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Keith Hudson

Signed.....

Student Embalmer

Licensed Embalmer No. *2415*

P. O. Address *Edina Missouri*

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.