5. No. 300
v. 10.48

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

FILED AUG 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27049

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4016 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY: Atchison 0030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tarkio
c. LENGTH OF STAY (In this place): 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Atchison 0030
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tarkio 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES WILL
b. (Middle): WILLIAM
c. (Last): WHITAKER

4. DATE OF DEATH (Month) (Day) (Year): Aug 11, 1952

5. SEX: male 1
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug 18, 1877
9. AGE (In years last birthday): 74 — If under 1 year: Months 11, Days 23, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired clerk
10b. KIND OF BUSINESS OR INDUSTRY: hardware
11. BIRTHPLACE (State or foreign country): Wright County Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S
13a. FATHER'S NAME: Joseph Whitaker
13b. MOTHER'S MAIDEN NAME: Nellie Finley
14. NAME OF HUSBAND OR WIFE: Betsy Jane Whitaker
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.: 488-14-0764
17. INFORMANT'S SIGNATURE OR NAME: Mrs. J. W. Whitaker — ADDRESS: Tarkio, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Committed Suicide by hanging himself with baling wire in an out building and died from strangulation.

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 — *Conditions contributing to the death but not related to the disease or condition causing death.* E974X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Out bldg, Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Tarkio Atchison Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* about 4 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Glenn Peters (Degree or title): 3 coroner
23b. ADDRESS: Farifax, Mo.
23c. DATE SIGNED: 8-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8/13/52
24c. NAME OF CEMETERY OR CREMATORY: Home Cemetery
24d. LOCATION (City, town, or county) (State): Tarkio, Mo.

DATE REC'D BY LOCAL REG.: Aug 19, 1952
REGISTRAR'S SIGNATURE: Marvin W. Schaller 443
25. FUNERAL DIRECTOR'S SIGNATURE: Davis Funeral Home — ADDRESS: Tarkio, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 John M. Davis

Licensed Embalmer No. 2394

P. O. Address Tarkio, Mo.

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.