

No. 300  
10.45

FILED NOV 15 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35634

BIRTH NO.		REG. DIST. NO. 195		PRIMARY REG. DIST. NO. 5714		Registrar's No. 67		
1. PLACE OF DEATH a. COUNTY McDonald				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Pineville, Twp.		c. LENGTH OF STAY (in this place) 12 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Pineville twp. 0659				
d. FULL NAME OF HOSPITAL OR INSTITUTION Anderson Rt. 3				d. STREET ADDRESS (If rural, give location) Anderson Rt. 3				
3. NAME OF DECEASED (Type or Print) William Thomas Whitteker			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1952		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH (Month) (Day) (Year) Sept. 12, 1872		
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer			10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Whitteker			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Linda Jane Shelton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish-American		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Linda Shelton Whitteker, Anderson Rt. 3, Mo.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of nose ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Carcinomatosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH. 3 year 6 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) 160X				
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 1-1-1949, to Oct 26, 1952, that I last saw the deceased alive on Oct 25 1952, and that death occurred at 9:30 P. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) M.D. Anderson no. 1-52				23b. ADDRESS		23c. DATE SIGNED		
24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 30, 1952		24c. NAME OF CEMETERY OR CREMATORY Burkhart Cemetery		24d. LOCATION (City, town, or county) (State) Newton County, Missouri		
DATE REC'D BY LOCAL REG. 11-2-52		REGISTRAR'S SIGNATURE Mayor Humphreys		423-1		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS John B. Papineau Goodman, Missouri.		

600

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

(Licensed Embalmer's Statement on Reverse Side)

FEB 18 1953

NOV 17 1953

**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 B. Papineau

Licensed Embalmer No. 4446

P. O. Address Goodman, 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.