

No. 300
10-48

FILED DEC 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42084**

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 181

1. PLACE OF DEATH
 a. COUNTY Grundy
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN IRENEXON
 c. LENGTH OF STAY (In this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) SUSAN'S NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
 a. STATE MISSOURI b. COUNTY Grundy
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN IRENEXON 0422
 d. STREET ADDRESS (If rural, give location) 1505 Cameron

3. NAME OF DECEASED
 a. (First) FRED. b. (Middle) V. c. (Last) WHITAKER

4. DATE OF DEATH (Month) (Day) (Year)
12-10-52

5. SEX
MALE

6. COLOR OR RACE
WHITE

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

8. DATE OF BIRTH
JUNE 26, 1871

9. AGE (In years last birthday) Months Days Hours Mins.
81 5 10 - -

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

10b. KIND OF BUSINESS OR INDUSTRY
Retired

11. BIRTHPLACE (City and State or Foreign Country)
Pleasanton, Iowa

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
RICHARD B WHITAKER

13b. MOTHER'S MAIDEN NAME
SUSAN RILEY

14. NAME OF HUSBAND OR WIFE
EFFIE WHITAKER

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 (If address is different from above)
Mrs. Harold R. Anderson

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Lobar Pneumonia
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Pulmonary Embolism
 DUE TO (c) Infirmitas of age
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH
48 hrs.
3 days
years
years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
490X

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)
490X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

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 7-20, 1952, to 12-10, 1952, that I last saw the deceased alive on 12-9, 1952, and that death occurred at 8:35 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
C. L. Clark M.D.

23b. ADDRESS
Trenton, Mo.

23c. DATE SIGNED
12-13-52

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

24b. DATE
12-12-52

24c. NAME OF CEMETERY OR CREMATORY
Trinity Farm

24d. LOCATION (City, town, or county) (State)
Trenton Mo.

DATE REC'D BY LOCAL REG.
12-12-52

REGISTRAR'S SIGNATURE
Jane Davis

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Davis-Blackmore, Trenton, Mo.

Dr. CLAYK

(Licensed Embalmer's Statement on Reverse Side)

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

04024

etc

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
Student Embalmer

Signed Raymond A. Davis
Student Embalmer No.
Licensed Embalmer No. 3424

P. O. Address Shrenton, 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.