

FILED JAN 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

402

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Buchanan</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Buchanan</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">St. Joseph</p>		c. LENGTH OF STAY (in this place) 45 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">St. Joseph</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">708 N. 4th St.</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">708 N. 4th St.</p>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p style="text-align: center;">James</p>	b. (Middle) <p style="text-align: center;">William</p>	c. (Last) <p style="text-align: center;">Whitaker</p>	(Month) <p style="text-align: center;">January</p>	(Day) <p style="text-align: center;">12,</p>	(Year) <p style="text-align: center;">1953</p>

5. SEX <p style="text-align: center;">male</p>	6. COLOR OR RACE <p style="text-align: center;">white</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">divorced</p>	8. DATE OF BIRTH <p style="text-align: center;">October 12, 1868</p>	9. AGE (In years last birthday) <p style="text-align: center;">84</p>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">ret. farmer</p>	10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">farm</p>	11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Milan, Missouri</p>	12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>
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13a. FATHER'S NAME <p style="text-align: center;">unk.</p>	13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">unk.</p>	14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Cora Ann</p>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>	16. SOCIAL SECURITY NO. <p style="text-align: center;">unk.</p>	17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Mr. P. H. Whitaker,</p>	ADDRESS <p style="text-align: center;">2510 Felix, St. Joseph, Mo</p>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		<u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u> DUE TO (c) <u>Man apparently died suddenly while alone in his room, without illness or disability</u>		<u>4 yrs (ex)</u> <u>4201</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">a history of recent serious illness or disability</p>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that viewed the deceased on 1/12, 1953, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <p style="text-align: center;">H. F. Mundy M.D. (Coroner)</p>	23b. ADDRESS <p style="text-align: center;">St. Joseph, Mo</p>	23c. DATE SIGNED <p style="text-align: center;">1/12/53</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">BURIAL</p>	24b. DATE <p style="text-align: center;">1/16/1953</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Memorial Park</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">St. Joseph, Missouri</p>
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">Jan 15, 1953</p>	REGISTRAR'S SIGNATURE <p style="text-align: center;">Carl C. Cast</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Norton - Bowman Funeral Home</p>	ADDRESS <p style="text-align: center;">St. Joseph, Mo</p>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 W. E. Johnston.....

Licensed Embalmer No. 4791.....

P. O. Address 318 So 10th St, Joplin, 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.