

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23832

State File No.

FILED JUL - 22 1953

BIRTH NO.		REG. DIST. NO. <u>13</u>	PRIMARY REG. DIST. NO. <u>3003</u>	Registrar's No. <u>53</u>
1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		
c. LENGTH OF STAY (in this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>100 Elm Street 0051</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Scroggins Rest Home</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July-16-53</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin Franklin</u> b. (Middle) <u>Whitaker</u> c. (Last) <u>Whitaker</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> 8. DATE OF BIRTH <u>June 15-1869</u> 9. AGE (In Years last birthday) <u>84</u> 10. MONTHS <u>1</u> 11. DAYS <u>2</u> 12. HOURS <u>2</u> 13. MIN. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Somerset, Kentucky</u> 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Elisha Whitaker</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Maggie Whitaker</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Bowman</u> ADDRESS <u>Monett Mo</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinomatous, abdominal 18 mo</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>?</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 x H</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>July 1, 1952</u> to <u>July 16, 1952</u> , that I last saw the deceased alive on <u>July 15, 1952</u> and that death occurred at <u>6 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>J. G. Edwards M.D.</u> (Degree or title)		23b. ADDRESS <u>Monett, Mo</u>		23c. DATE SIGNED <u>July 17 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-19-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Burdine Valley</u> 24d. LOCATION (City, town, or county) (State) <u>Near Somerset, Kentucky</u>
DATE REC'D BY LOCAL REG. <u>7-17-53</u>		REGISTRAR'S SIGNATURE <u>Katherine Henderson</u> ADDRESS <u>4870 Bennett-Warmington Monett, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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.

Signed.....
Student Embalmer

Signed *Gordon Bennett*

Student Embalmer No.....

Licensed Embalmer No. *4218*

P. O. Address *Mount Pleasant*

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.