

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

17614  
STATE FILE NUMBER

FILED JUN 14<sup>th</sup> 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 268

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>JOPLIN</b> TOWN		c. CITY OR TOWN <b>JOPLIN</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSP.</b>		d. STREET ADDRESS <b>1826 MURPHY AVE.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in 1b <b>56 YRS</b>		4. DATE OF DEATH <b>JUNE 1, 1957</b> Month Day Year	
3. NAME OF DECEASED (Type or print) First <b>OLIVER</b> Middle <b>BENTON</b> Last <b>WHITAKER</b>			5. SEX <b>M</b>
6. COLOR OR RACE <b>W</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <b>JUNE 12, 1889</b>		9. AGE (In years last birthday) <b>67</b> F UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OWNED &amp; OPERATED WHITAKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PTG &amp; MFG.</b>	
11. BIRTHPLACE (City and state or country) <b>NEAR DIAMOND, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JAMES H. WHITAKER</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH E. WARDEN</b>	
14. NAME OF HUSBAND OR WIFE <b>EUNICE FISHER WHITAKER</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>MRS. EUNICE WHITAKER, 1826 MURPHY AVE</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatosis</b> DUE TO (b) <b>Primary Lung, rt.</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <b>2 mos</b> <b>2 mos</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>5-5-57</u> to <u>6-1-57</u> and last saw her alive on <u>6-1-57</u> Death occurred at <u>5:30 am</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. S. Choebur MD</b> (Degree or title)		22b. ADDRESS <b>Joplin Mo</b>	
22c. DATE SIGNED <b>6-4-57</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
23b. DATE <b>6-3-57</b>		23c. NAME OF CEMETERY OR CREMATORIUM <b>MT. HOPE CEMETERY,</b>	
23d. LOCATION (City, town, or county) <b>WEBB CITY,</b>		(State) <b>MISSOURI</b>	
24. FUNERAL DIRECTOR ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>6-6-57</b>	
26. REGISTRAR'S SIGNATURE <b>Dove Merriam</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

SEP 18 1957

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 ..... Signature of Student Embalmer

Signed *F. M. Jones* .....

Licensed Embalmer No. 2219 .....

P. O. Address *Gas. line 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.