

FILED AUG 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25778
STATE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 170

300
-57 0

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u>		c. CITY OR TOWN <u>Madison, R R</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Whittaker Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>XXXXXX</u>	

3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Wesley</u> Last <u>Whittaker</u>			4. DATE OF DEATH Month <u>July</u> Day <u>12</u> Year <u>1957</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2/5/1866</u>		9. AGE (In years last birthday) <u>91</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (City and state or country) <u>Monroe Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Amos Whittaker</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Sevens</u>	14. NAME OF HUSBAND OR WIFE <u>Polly Pearl Freels</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Dr Elliott Whittaker</u>	Address <u>S 5th St Moberly, Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>27 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Thrombotic Encephalomalacia</u>	<u>2 wks</u>
	DUE TO (c) <u>Advanced Arteriosclerosis 332X</u>	<u>unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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20c. TIME OF INJURY Hour <u>8:00</u> Month <u>12</u> , Day <u>12</u> , Year <u>1957</u> g.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 <u>Madison, Mo</u>	COUNTY <u>Mo</u>	STATE
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21. I attended the deceased from Death occurred at <u>8:00 PM</u> on <u>7-11-57</u> to <u>7-12-57</u> and last saw him alive on <u>7-12-57</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>Per Y. Brohmson D.O.</u>	(Degree or title)	22b. ADDRESS <u>Hegbe Mo</u>	22c. DATE SIGNED <u>7-11-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>7/14/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Summit Hill</u>	23d. LOCATION (City, town, or county) <u>Madison, Mo</u>
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24. FUNERAL DIRECTOR <u>Fred A. Kumpson</u>	ADDRESS <u>Madison Mo</u>	25. DATE RECD. BY LOCAL REG. <u>7/14/57</u>	26. REGISTRAR'S SIGNATURE <u>Seaborn</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Miss Freda K...*

Licensed Embalmer No. *3282*

P. O. Address *Madison*

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.