

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008539

STATE FILE NUMBER

FILED MAR 10 1958

Registration District No. 381 Primary Registration District No. 6183 Registrar's No. 39

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Sullivan</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Polk Twp</u>		c. CITY OR TOWN <u>Milan 105°</u>		d. STREET ADDRESS (If outside, give location) <u>Polk Twp</u>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. SEX		6. COLOR OR RACE	
First <u>James</u> Middle <u>Robert</u> Last <u>Whitaker</u>		Month <u>2</u> Day <u>24</u> Year <u>1958</u>		<u>M</u>		<u>W</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>7-25-1873</u>		9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (City and state or country) <u>Sullivan Co - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>George A Whitaker</u>		14. MOTHER'S MAIDEN NAME <u>Emily Parker</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. Merril May</u>		Address <u>Milan, Mo</u>	
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>Cerebral Hemorrhage</u> DUE TO (b) <u>Senile Changes.</u> 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(n) _____				INTERVAL BETWEEN ONSET AND DEATH <u>1-2-58</u>			
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.) <u>331X</u>					
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>Jan. 2-58</u> to <u>Feb. 24 '58</u> and last saw <u>him</u> alive on <u>Feb. 24 '58</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Edw. Simpson, D.O.</u>				22b. ADDRESS <u>Milan</u>		22c. DATE SIGNED <u>2-27-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		23b. DATE <u>2-28-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Dakwood Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Milan Mo</u>	
24. FUNERAL DIRECTOR <u>George Schoene</u> ADDRESS _____				25. DATE RECD. BY LOCAL REG. <u>3-3-58</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u>	

(Licensed Embalmer's Statement on Reverse Side)

Social, Cancer, etc.-most cases of death due to natural causes. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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.....
Dwight Schoen

Licensed Embalmer No. *266*

P. O. Address *Niles - Ill.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.