

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025867  
STATE FILE NUMBER  
3600

FILED AUG 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS CITY</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>OSTEOPATHIC</b>		Length of stay in lb <b>60 YRS.</b>	d. STREET ADDRESS (If outside, give location) <b>121 PARK</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>MARTIN</b> Middle <b>WINNETT</b> Last <b>WHITTAKER</b>			4. DATE OF DEATH Month <b>JULY</b> Day <b>24</b> Year <b>1958</b>	
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5. SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F <b>MALE</b>	6. COLOR OR RACE <b>WHITE</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>OCT. 10, 1878</b>	9. AGE (In years last birthday) <b>79</b>	10. FUNDER 1 YEAR Months <b>-</b> Days <b>-</b>	11. IF UNDER 24 HRS. Hours <b>-</b> Min. <b>-</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PLUMBER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>SELF</b>	11. BIRTHPLACE (City and state or country) <b>SALEM, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WILLIAM K. WHITTAKER</b>	13b. MOTHER'S MAIDEN NAME <b>MARY BREWINGTON</b>	14. NAME OF HUSBAND OR WIFE <b>ANNA B. WHITTAKER</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>499-07-6221</b>	17. INFORMANT Address <b>MRS. NAOMI E. MAAG 121 PARK</b>
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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) <b>Prostatic carcinoma with widespread metastases</b>		INTERVAL BETWEEN ONSET AND DEATH <b>about 1 yr.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Unknown</b>		<b>177 X</b>
DUE TO (c) <b>Unknown</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Malnutrition, terminal pneumonia, myocardial failure.</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <b>-</b> a.m. <b>-</b> p.m. <b>-</b>	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 <b>KANSAS CITY</b>	COUNTY <b>JACKSON</b>	STATE <b>MISSOURI</b>
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21. I attended the deceased from **6-8-58**, to **7-24-58** and last saw her alive on **7-24-58**  
Death occurred at **3:50 A.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Grover N. Gillum</b> (Degree or title)	22b. ADDRESS <b>926 E. 11th St., K.C., Mo.</b>	22c. DATE SIGNED <b>7-25-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>JULY 26, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>GREEN LAWN CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>
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24. FUNERAL DIRECTOR <b>C.P. Blackman &amp; Son Inc.</b> ADDRESS <b>K.C. 990</b>	25. DATE RECD. BY LOCAL REG. <b>7-25-58</b>	26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>
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K.C. 990 Embalmer's Statement on Reverse Side

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Grover N. Gillum

MEDICAL CERTIFICATION



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 *W. C. Benine* .....

Licensed Embalmer No. *4879* .....

P. O. Address *H. O. 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.