

Dept. of Health,  
& Welfare  
S. Public  
Health Service  
S. 300  
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026511  
STATE FILE NUMBER

FILED AUG 12 1958 Registration District No. 275 Primary Registration District No. 5938 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Arlington Township</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>216 So. Faulkner</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>4 Mi. So. Newburg</b> Length of stay in lb <b>Trans.</b>		d. STREET ADDRESS (If outside, give location) <b>Rolla, Missouri</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>VERNIE</b> Middle <b>LEE</b> Last <b>WHITAKER</b>			4. DATE OF DEATH Month <b>August</b> Day <b>7</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>10 Mar. 1927</b>
9. AGE (In years last birthday) <b>31</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Various Jobs</b>	11. BIRTHPLACE (City and state or country) <b>Rolla, Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Various Jobs</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>xx</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Ellis Whitaker</b>		13b. MOTHER'S MAIDEN NAME <b>Mattie Brookshire Whitaker</b>	14. NAME OF HUSBAND OR WIFE <b>Never Married</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.2</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address: <b>216 So. Faulkner</b> <b>Mrs. Mattie Whitaker, Rolla, Mo.</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>Skull fracture, Int. injured</b> <b>Automobile accident</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) DUE TO (c) 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
19a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Auto went over embankment</b>	
20c. TIME OF INJURY Hour <b>5:40</b> p.m. Month <b>8</b> Day <b>7</b> Year <b>58</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>	
20f. CITY, TOWN, OR LOCATION <b>Am. So. Newburg - Phelps Mo.</b>		20g. COUNTY STATE <b>Phelps Mo.</b>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>5:40 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>S. E. Hull, Coroner</b>		22b. ADDRESS <b>Rolla Mo</b>	
22c. DATE SIGNED <b>8/9/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11 Aug. 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Smith Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Near; Plat, Missouri</b>
24. FUNERAL DIRECTOR <b>Nuld &amp; Sons Funeral Home, Rolla</b> By <b>Paul E. Nuld</b>		25. DATE RECD. BY LOCAL REG. <b>Aug. 9, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</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.

AUG 19 1958

RECEIVED

Phelps County Health Officer,

Case File Number 1112

Date Filed 8/11/58

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.