

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000036

STATE FILE NUMBER

FILED JAN 26 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 23

300
1-57

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Knox City, Missouri 6.520 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim Smith		Length of stay in lb 1 wk	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Gertie Mae Whiteaker			4. DATE OF DEATH Month Day Year Jan 4 1959		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 23, 1889	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Bellwood, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Thompson	13b. MOTHER'S MAIDEN NAME Susan Swann	14. NAME OF HUSBAND OR WIFE W.W. Whiteaker
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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) No No	16. SOCIAL SECURITY NO. 492-42-501	17. INFORMANT Mrs Paul Cockrum Address Edina, Mo
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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) Intracranial hemorrhage (two months)		INTERVAL BETWEEN ONSET AND DEATH years years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterio sclerosis	
	DUE TO (c) Hypertension	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331x		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 a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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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
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21. I attended the deceased from Jan 1, 1959 to Jan 4, 1959 and last saw her alive on Jan 4, 1959 Death occurred at Jan 4, 1959 4:30AM on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>[Signature]</i>	22b. ADDRESS Kirksville, Missouri	22c. DATE SIGNED Jan 17, 59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 6, 1959	23c. NAME OF CEMETERY OR CREMATORY Knox City	23d. LOCATION (City, town, or county) (State) Knox City, Missouri
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24. FUNERAL DIRECTOR ADDRESS Hudson Funeral Home, Edina, Mo.	25. DATE RECD. BY LOCAL REG. 1-23-1959	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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All diseases in Part I must be causally related.

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

J. J. Wimp, M.D.

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. R. Price*

Licensed Embalmer No. *5041*
P. O. Address *Edina, Md*

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.