

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020572
STATE FILE NUMBER

FILED JUN 24 1959

Registration District No. 46 Primary Registration District No. 5151 Registrar's No. 20

Y. S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kidder Twp.		c. CITY OR TOWN Cameron	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 5mi. N-E Cameron		d. STREET ADDRESS (If outside, give location) 5mi. N-E Cameron	
3. NAME OF DECEASED (Type or print) First Middle Last Lyle Arden Whitaker		4. DATE OF DEATH Month Day Year June 6, 1959	
5. SEX male	6. COLOR OR RACE cauc.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 31, 1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Factory		10b. KIND OF BUSINESS OR INDUSTRY Manufacturing	11. BIRTHPLACE (City and state or country) DeKalb Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Miles Whitaker	
13b. MOTHER'S MAIDEN NAME Nannie Wood		14. NAME OF HUSBAND OR WIFE Ella M. Whitaker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 488-14-2360	17. INFORMANT Ella Whitaker Address Cameron, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Head Injury - Gun shot</i> wound of head - 12 gauge shot gun - self inflicted DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>Immediate</i> 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Head wound - self-inflicted - 12 gauge shot gun.</i>	
20c. TIME OF INJURY Hour Month, Day, Year <i>7 p.m. 6 6 59</i>		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.) <i>farm field</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>Cameron Caldwell MO</i>	
21. I attended the deceased from <i>Sept 16 - 1952</i> to <i>June 6 - 1959</i> and last saw him alive on <i>June 1 - 1959</i> Death occurred at <i>7:00 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>A. Kuehn MD</i>		22b. ADDRESS <i>Cameron, Mo</i>	
22c. DATE SIGNED <i>6-8-59</i>		22d. PLACE SIGNED <i>Cameron, Mo</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>6-9-1959</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Christian Chapel</i>		23d. LOCATION (City, town, or county) (State) <i>DeKalb Co. Mo.</i>	
24. FUNERAL DIRECTOR <i>Poland Funeral Home, Cameron, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>June 16 - 59</i>	
26. REGISTRAR'S SIGNATURE <i>Gladys Jones</i>		26. PLACE SIGNED <i>Cameron, Mo</i>	

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.

37-0

MAR 29 1962

STATEMENT BY LICENSED EMBALMER

MAR 16 1960

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 *Laurence J. Thompson*

Licensed Embalmer No. *4735*

P. O. Address *Cameron, 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.