

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH
FILED VS NOV 2 1959

59-035465

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 381

1. PLACE OF DEATH a. COUNTY <u>CAPE</u>			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Welsh</u>		Length of stay in 1b <u>1 hour</u>	c. CITY OR TOWN <u>CHAFFEE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Blomeyer Off Highway 25, 300 yds. at</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>312 S. THIRD ST.</u>		
3. NAME OF DECEASED (Type or print) First <u>HARLAN</u> Middle <u>CECIL</u> Last <u>WHITAKER</u>			4. DATE OF DEATH Month <u>OCT.</u> Day <u>25</u> Year <u>1959</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB. 24 1911</u>	9. AGE (last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>1</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OWNER STORE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HARDWARE STORE</u>		11. BIRTHPLACE (City and state or country) <u>RECTOR, ARK.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN REESE WHITAKER</u>		13b. MOTHER'S MAIDEN NAME <u>PEARL HARDIN</u>		14. NAME OF HUSBAND OR WIFE <u>MARY ELIZABETH WHITAKER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>497-03-5460</u>	17. INFORMANT Address <u>Mrs. H.C. WHITAKER CHAFFEE, 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>Asphyxiation, due to Carbon Monoxide poisoning</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Few minutes</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>from his own car motor; by the use of a garden</u>				
		DUE TO (c) <u>hose in vent window of own car.</u>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.) <u>above</u>				
20c. TIME OF INJURY Hour <u>12:10</u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u>Oct. 25, 59</u>						
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.) <u>Country road</u>		20f. CITY, TOWN, OR LOCATION <u>Blomeyer</u>	COUNTY <u>Cape Gir., Mo.</u>	STATE <u></u>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at <u>12:10 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Walter J. Ford</u> Coroner			22b. ADDRESS <u>Cape Girardeau, Mo.</u>		22c. DATE SIGNED <u>10-26-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>OCT. 27, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Heights Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>RECTOR, ARKANSAS</u>		
24. FUNERAL DIRECTOR <u>Bisplinghoff Funeral Home - Chaffee, Mo.</u>		ADDRESS <u></u>	25. DATE RECD. BY LOCAL REG. <u>10-26-59</u>	26. REGISTRAR'S SIGNATURE <u>Drew Kasten</u>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 8 1959

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

Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, N

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.