

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010410

FILED VS APR 14 1960

Registration District No. 99 Primary Registration District No. _____ Registrar's No. 114 STATE FILE NUMBER

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

3. NAME OF DECEASED (Type or print) First Henry Middle Milton Last Whiteaker	4. DATE OF DEATH Month 4 Day 1 Year 60
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-31-1875	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Evan Whiteaker	13b. MOTHER'S MAIDEN NAME Martha Moore	14. NAME OF HUSBAND OR WIFE Rausa Whiteaker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Rausa Whiteaker Maysville 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) Accidental Gunshot DUE TO (b) <i>Fell with Gun in his Hand</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH INSTANT
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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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fell with gun
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20c. TIME OF INJURY 8 Hour 4-1-60 Month, Day, Year a.m. p.m.

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.) home	20f. CITY, TOWN, OR LOCATION Maysville	COUNTY DeKalb	STATE Mo
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at **8 A.M.** _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>John Brown</i> (Degree or title) Coroner	22b. ADDRESS Maysville Mo	22c. DATE SIGNED 4-5-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-3-60	23c. NAME OF CEMETERY OR CREMATORY Maysville Mo	23d. LOCATION (City, town, or county) (State) Maysville Mo
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24. FUNERAL DIRECTOR <i>John Brown</i> ADDRESS Maysville Mo	25. DATE RECD. BY LOCAL REG. 4-7-60	26. REGISTRAR'S SIGNATURE <i>Rausa Whiteaker</i>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *John Brown*

Licensed Embalmer No. 3933

P. O. Address *Waynesville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.