

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 10 1960

=60-014447

Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 16

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Osage</u>		Length of stay in 1b		c. CITY OR TOWN <u>Kansas City</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>North Hwy 5</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5811 Charlotte</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>Eddie Loren Whitcanack</u>				4. DATE OF DEATH Month Day Year <u>May 7, 1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>May 3-1937</u>		9. AGE (last birthday) <u>23</u>					
IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fine Arts Apprentice</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Lithograph</u>		11. BIRTHPLACE (City and state or country) <u>Danville Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>S. N. Whitcanack</u>				13b. MOTHER'S MAIDEN NAME <u>Irene McCall</u>				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>S 486-36-3034</u>		17. INFORMANT Address <u>S. N. Whitcanack, 5811 Charlotte</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>Medullary Arteriosclerosis</u>										INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Increased Intracranial Pressure</u>										"			
DUE TO (c) <u>Subdural Hematoma</u>										"			
DUE TO (c) <u>Fracture of Cervical Vertebrae</u>										"			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Multiple Internal Injuries</u>							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 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.) <u>Auto Accident</u>									
20c. TIME OF INJURY Hour a.m. p.m. <u>5 7 60</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>On Highway #5</u>				20f. CITY, TOWN, OR LOCATION <u>Camden</u>				COUNTY <u>Missouri</u> STATE					
21. I attended the deceased from <u>at death</u> to _____ and last saw her/him alive on _____ Death occurred at <u>3:00 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Kenneth E. Winkler So.</u>						22b. ADDRESS <u>Camden, Mo.</u>		22c. DATE SIGNED <u>5/7/60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 9, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>		23d. LOCATION (City/Town, or county) (State) <u>Kansas City, Missouri</u>							
24. FUNERAL DIRECTOR ADDRESS <u>Heed Funeral Home, Camden Mo</u>				25. DATE RECD. BY LOCAL REG. <u>May 7-1960</u>		26. REGISTRAR'S SIGNATURE <u>Zilpha J. Drow</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0331 7 E JAN 50

YS JAN 4 1991

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Camden

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.