

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-027793**

FILED VS. AUG 8 1960 267

Primary Registration District No. 3049

Registrar's No. 131

STATE FILE NUMBER

UNDECEASED

|  |  |   |  |  |  |  |   |  |  |
|--|--|---|--|--|--|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Pemiscot  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri COUNTY Pemiscot |  |  |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Hayti   |  | Length of stay in 1b<br>1 Mo.   |  | c. CITY OR TOWN Wardell  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Memorial Hospital   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>     |  | d. STREET ADDRESS (If outside, give location)<br>R. 1                |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>Clanard Otis Whittaker   |  |   |  | 4. DATE OF DEATH<br>Month Day Year<br>July 24, 1960  |  |  |   |  |  |
| 5. SEX<br>Male   | 6. COLOR OR RACE<br>Negro  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br>3-31-55  | 9. AGE (last birthday)<br>5  | IF UNDER 1 YEAR<br>Months Days Hours Min.  | IF UNDER 24 HR  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Child   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>X   |  | 11. BIRTHPLACE (City and state or country)<br>Wardell, Mo.           |  | 12. CITIZEN OF WHAT COUNTRY<br>U.S.A.   |  |  |
| 13a. FATHER'S NAME<br>William Whittaker  |  |   | 13b. MOTHER'S MAIDEN NAME<br>Viola Williams  |  |  | 14. NAME OF HUSBAND OR WIFE<br>X   |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No X   |  |   | 16. SOCIAL SECURITY NO.<br>X   |  | 17. INFORMANT Address<br>William Whittaker Wardell, Mo.              |  |   |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Bile Peritonitis</u><br>DUE TO (b) <u>Accidental Rupture of the liver</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   |  |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 wks.</u><br><u>4 wks.</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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |  |  |
| 19. WAS AUTOPSY PERFORMED?<br>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.)<br><u>Washing Machine fell on child</u>                        |  |  |  |  |   |  |  |
| 20c. TIME OF INJURY<br>Hour <u>8:00</u><br>P.M.<br>Month, Day, Year<br><u>6/26/60</u>  |  | 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<br><u>Wardell</u>                       |  | COUNTY<br><u>Pemiscot</u>   | STATE<br><u>Mo.</u>  |  |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____<br>Death occurred at <u>9 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |  |  |  |  |   |  |  |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title)<br><u>M.D.</u>   |  |   |  | 22b. ADDRESS<br><u>Hayti, Mo.</u>  |  |  | 22c. DATE SIGNED<br><u>7/30/60</u>  |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 23b. DATE<br><u>3-27-60</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Homestown Cemetery</u>                          |  | 23d. LOCATION (City, town, or county) (State)<br><u>Wardell, Mo.</u> |  |   |  |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Osburn Funeral Home, Wardell, Mo.</u>   |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><u>8-1-60</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>Charlotte E. Sloan</u>   |   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*James G. Johnson*

Licensed Embalmer No. 4185

P. O. Address Wardell,

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.