RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 29 1960

-60-042929

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 122

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Neosho
Length of stay in 1b: 2 hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Sale Memorial Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Joplin
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 302 N. Monroe Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HOWARD Middle DUANE Last WHITAKER

4. DATE OF DEATH: Month November Day 19 Year 1960

5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-4-1929
9. AGE (last birthday): 31
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: M & A Mfg. Co.
11. BIRTHPLACE (City and state or country): Akron, Iowa
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Charles Whitaker
13b. MOTHER'S MAIDEN NAME: Dorothy McCorkle
14. NAME OF HUSBAND OR WIFE: Dolores Whitaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Dolores Whitaker, Address: 302 N. Monroe

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Crushing injury of chest-
DUE TO (b): Multiple rib fractures with lung collapse, left.
DUE TO (c): Car Accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov. 18, 1960 to Nov. 19, '60 and last saw her him alive on Nov. 19, 1960
Death occurred at 1:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Guy E. Kenney M.D.
22b. ADDRESS: Neosho, Missouri
22c. DATE SIGNED: 11/21/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-21-60
23c. NAME OF CEMETERY OR CREMATORY: Moss Ridge Cemetery
23d. LOCATION (City, town, or county) (State): Carthage, Illinois

24. FUNERAL DIRECTOR ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.
25. DATE RECD. BY LOCAL REG.: Nov. 21-1960
26. REGISTRAR'S SIGNATURE: Belvin C. Bowman M.D. by RC

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 23 1960

FEB 28 1967

MAR 27 1961

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_____ Signed Harvey E Arnce

Signature of Student Embalmer

Licensed Embalmer No. 4463

P. O. Address Joplin Mo

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