MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-000461
STATE FILE NUMBER

FILED VS. JAN 25 1961

Registration District No. 43 Primary Registration District No. — Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Length of stay in 1b: transient
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Hwy 67 North — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE b. COUNTY
c. CITY OR TOWN: St. Louis, Mo. — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3141 Morganford Rd — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CECIL Middle L. Last WHITTAKER
4. DATE OF DEATH: Month Jan. Day 7 Year 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-28-02
9. AGE (last birthday): 59 — 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): Parking Lot Attendant
10b. KIND OF BUSINESS OR INDUSTRY: Parking
11. BIRTHPLACE (City and state or country): Cape County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Ardenna Whittaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: Chas. Whittaker, St. Louis, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Fractured skull and internal injuries
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Automobile accident
DUE TO (c):
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.): Automobile accident involving one car
20c. TIME OF INJURY: Hour a.m. XXXX Month, Day, Year 1-7-61
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.): Public Highway
20f. CITY, TOWN, OR LOCATION: COUNTY Butler STATE Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Grover W. Greer, Coroner
22b. ADDRESS: Poplar Bluff, Missouri
22c. DATE SIGNED: 1-7-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1-7-61
23c. NAME OF CEMETERY OR CREMATORY: Pine Hill
23d. LOCATION (City, town, or county) (State): Jonesboro, Ark.

24. FUNERAL DIRECTOR ADDRESS: Emerson & Baldwin, Kennett, Mo.
25. DATE RECD. BY LOCAL REG.: 1/12/66
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

TYPEWRITER RIBBON — AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | AMENDED | BY AFFIDAVIT OF | DOCUMENT

US JAN 25 1981

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 Philip J. Cassedy

Licensed Embalmer No. 4618

P. O. Address Poplar Bluff, Mo.

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.