

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0007825
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 6095 Registrar's No. 70

FILED FEB 23 1966		1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Francois Township</u>		Length of stay in lb <u>5yrs, 5mo, 29das</u>		c. CITY OR TOWN <u>Cape Girardeau</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>State Hospital No. 4</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>626 Rear S. Benton</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>EDWARD</u> Last <u>WHITTAKER</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>6</u> Year <u>1966</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 1, 1884</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Caretaker of Country Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tilsit, Cape Girardeau Co., MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Dick Whittaker</u>		13b. MOTHER'S MAIDEN NAME <u>Joann Garner</u>		14. NAME OF HUSBAND OR WIFE <u>Celeste Idell Ervin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Records, State Hospital No. 4, Farmington, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Bilateral Pneumonitis</u>					<u>3 days.</u>
DUE TO (b) <u>Arteriosclerotic cardiovascular disease</u>					<u>Unknown.</u>
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Chronic brain syndrome associated with cerebral arterio-sclerosis with psychotic reaction.</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 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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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		COUNTY	STATE
21. I attended the deceased from <u>Sept. 1, 1965</u> to <u>Feb. 6, 1966</u> and last saw <u>xx</u> him alive on <u>Feb. 6, 1966</u> Death occurred at <u>11:00 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>John W. Hunt M.D.</u> (Deeds or title)		22b. ADDRESS <u>State Hospital No. 4 Farmington, Missouri</u>		22c. DATE SIGNED <u>2-6-66</u>	
23a. BURIAL, CREMATION, or other (Specify) <u>Burial</u>	23b. DATE <u>Feb. 8, 1966</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairmount Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>	
24. FUNERAL DIRECTOR <u>Ford & Sons Funeral Home, Cape Girardeau, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 14 1966</u>		26. REGISTRAR'S SIGNATURE <u>Arthur R. Ruff</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
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FEB 25 1966

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 Carl J. Mullis

Licensed Embalmer No. 3752

P. O. Address Farmington, Vt.

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.