

Cynthiana Democrat – November 9, 1950

Mrs. Dan Whiteker

Mrs. Hattie Mae Whiteker, 80, widow of Dan Whiteker, died Tuesday, Nov. 7, 1950, at the home of her daughter, Mrs. Calvin Whiteker at Falmouth.

She is survived by six step-children, Calvin, Ransom, King, Clyde and James Whiteker and Mrs. Leonard Fogle.

Funeral services will be held at 1 p. m. today (Thursday) at the Richland Baptist Church. Burial will be in the family cemetery at Oddville.

Whiteker, Hattie Mae Hunt Mullen 1870 - 1950

Form V. R. 3-A FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		State File No. <u>50</u> Register's No. <u>23728</u> <u>87</u>
Registration District No. <u>1160</u>		Primary Registration District No. <u>2470</u>		
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before death)		
a. COUNTY <u>Letcher</u>	b. CITY (If outside corporate limits, write RURAL and give township)	a. STATE <u>Kentucky</u>	b. COUNTY <u>Letcher</u>	
b. CITY OR TOWN <u>Harrison</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Falmouth</u>	d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>		d. STREET ADDRESS <u>W. Shelby Ave.</u>		
3. NAME OF DECEASED		4. DATE OF DEATH		
a. (First) <u>Hattie Mae</u>	b. (Middle) <u>White</u>	c. (Last) <u>Whiteker</u>		d. (Month) <u>Nov</u> (Day) <u>7</u> (Year) <u>1950</u>
e. (Type or Print)				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Jan 16 - 1870</u>	9. AGE (In years last birthday) <u>80</u> (Month) <u>9</u> (Day) <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>	11. BIRTHPLACE (State or foreign country) <u>Harrison County Ky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William Hunt</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Dotts</u>		
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>110</u>	17. INFORMANT <u>Mrs. Caline Whiteker</u>	
18. CAUSE OF DEATH (Enter only one cause per item 18a, 18b, and 18c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN DEATH AND DEATH
18a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		18b. ANTECEDENT CAUSES		
18c. OTHER SIGNIFICANT CONDITIONS		18d. DUE TO (b) <u>Arteriosclerosis</u>		
18e. DUE TO (c) <u>Pneumonia</u>		18f. OTHER SIGNIFICANT CONDITIONS		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X-110-16</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office building, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Oct. 17, 1950</u> to <u>Nov. 7, 1950</u> that I last saw the deceased alive on <u>Nov. 7, 1950</u> and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.				
23a. DATE SIGNED <u>11-9-50</u>	23b. ADDRESS <u>Falmouth, Ky</u>	23c. SIGNATURE (Degree or title) <u>Walter A. Lewis, MD</u>		
24a. BURIAL CREMATION, REMOVAL (Specify)	24b. DATE <u>November 9 - 1950</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Oddville Cemetery</u>	<u>Harrison</u>	
25a. DATE RECD BY LOCAL REG. <u>11-9-50</u>	25b. REGISTRAR'S SIGNATURE <u>Wanda L. Woodhead</u>	25c. FUNERAL DIRECTOR <u>John A. Woodhead</u> ADDRESS <u>Harrison</u>		
25d. <u>Falmouth - Kentucky - Ky</u>				