

FILED MAY 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18688

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5752 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY MADISON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MADISON	
b. CITY OR TOWN RURAL - 12 mi. Township	c. LENGTH OF STAY (In this place) 75 YRS.	c. CITY OR TOWN RURAL - 12 mi. TOWNSHIP 0630	
d. FULL NAME OF HOSPITAL OR INSTITUTION 12 1/2 mi. S. of FREDERICKTOWN		d. STREET ADDRESS (If rural, give location) 12 1/2 mi. S. of FREDERICKTOWN	

3. NAME OF DECEASED (Type or Print) a. (First) BENJAMIN b. (Middle) DAVID c. (Last) WHITENER			4. DATE OF DEATH (Month) (Day) (Year) MAY 8, 1953						
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 24, 1870		9. AGE (In years) last birthday 83	IF BROKEN Months 3	IF BROKEN YEAR Days 14	IF BROKEN Hours 	IF BROKEN Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (State or foreign country) MADISON COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME JOHN HENRY WHITENER		13b. MOTHER'S MAIDEN NAME MARGARET L. FUGGET		14. NAME OF HUSBAND OR WIFE MARTHA JANE WHITENER			
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. NONE		17. INFORMANT'S SIGNATURE OR NAME EARL WHITENER - ZION, MO.		ADDRESS ZION, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Bronchitis				INTERVAL BETWEEN ONSET AND DEATH 7 years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5021				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

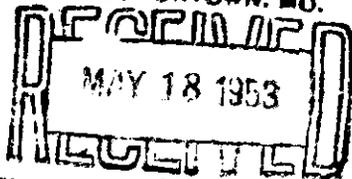
22. I hereby certify that I attended the deceased from **Nov 1, 1951**, to **May**, 1953, that I last saw the deceased alive on **May 7, 1951**, and that death occurred at **2:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE O. G. Myers, M.D.		(Degree or title)		23b. ADDRESS Caldwate, Mo		23c. DATE SIGNED 5-10-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5/10/53		24c. NAME OF CEMETERY OR CREMATORY BARBER CEMETERY		24d. LOCATION (City, town, or county) (State) MADISON CO. MO.	

DATE REC'D BY LOCAL REG. 5-11-53		REGISTRAR'S SIGNATURE Therese Hicks		1953		25. FUNERAL DIRECTOR'S SIGNATURE V. Adamson		ADDRESS FREDERICKTOWN, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 223-24

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
Student Embalmer

Signed Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown, 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 this body is not embalmed, fact should be so stated above.