

FILED MAR 22 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7573

BIRTH NO. _____		REG. DIST. NO. #67		PRIMARY REG. DIST. NO. 4118		Registrar's No. 24	
1. PLACE OF DEATH a. COUNTY Christian				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo Christian			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Sparta Mo		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY OR TOWN Sparta		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sparta Mo				e. STREET ADDRESS (If rural, give location) Sparta Mo			
3. NAME OF DECEASED (Type or Print) Frank		a. (First) Frank		b. (Middle) D		c. (Last) Whitlock	
4. DATE OF DEATH Mar II		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept 28, 1877		9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		11. BIRTHPLACE (City and State or Foreign Country) Tennessee	
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME Max J Whitloch		13b. MOTHER'S MAIDEN NAME Sarah B Wilson		14. NAME OF HUSBAND OR WIFE Tilda J Whitlock, Sparta	
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'S SIGNATURE OR NAME Mrs Tilda J Whitlock, Sparta 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>urine poisoning</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <i>arteriosclerosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? \$500					
22. I hereby certify that I attended the deceased from July, 1954, to Mar 11, 1955, that I last saw the deceased alive on Mar 11, 1955, and that death occurred at 3:45 P.M. from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <i>Dr. Merrett W. ...</i>				23b. ADDRESS <i>Charleston, Mo.</i>		23c. DATE SIGNED Mar 14 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 13. 55		24c. NAME OF CEMETERY OR CREMATORY Highlandville Mo		24d. LOCATION (City, town, or county) (State) Christian Mo	
DATE REC'D BY LOCAL REG. Mar. 13/1955		REGISTRAR'S SIGNATURE <i>Nannie Day</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>T. B. Chaffin</i>		ADDRESS <i>Ozark, Mo.</i>	

(Licenses Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48
20

MAR 24 1955

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 *T. B. Chaffin*.....

Licensed Embalmer No. *219*

P. O. Address *Ozark*

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.