

FILED FEB 20 1956

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **4449**

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 5452		Registrar's No. 159			
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ash Grove			c. LENGTH OF STAY (in this place) 20 yrs		c. CITY OR TOWN Ash Grove Mo		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 East Part Ash Grove				e. STREET ADDRESS (If rural, give location) 0396					
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin Franklin			b. (Middle) _____		c. (Last) White		4. DATE OF DEATH (Month) (Day) (Year) Feb. 15 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 21 - 1894		9. AGE (In years) (Months) (Days) (Hours) (Min.) 61 3 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Wright County Mo.			12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Tom White			13b. MOTHER'S MAIDEN NAME Ida F. Frolick			14. NAME OF HUSBAND OR WIFE Fern White			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes			16. SOCIAL SECURITY NO. W.W.1		17. INFORMANT'S SIGNATURE OR NAME Mrs Fern White			ADDRESS Ash Grove 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis							
		DUE TO (c) Arteriosclerosis							
		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						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)		4201			
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 2/11 , 19 56 , to 2/15 , 19 56 , that I last saw the deceased alive on 2/11 , 19 56 , and that death occurred at 5:00P m., from the causes and on the date stated above.									
23a. SIGNATURE C. E. Stapp			(Degree or title) D.O.P.			23b. ADDRESS Ash Grove Mo		23c. DATE SIGNED 2/16/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 18 - 1956		24c. NAME OF CEMETERY OR CREMATORY Maple Park		24d. LOCATION (City, town, or county) (State) Springfield Mo.			
DATE REC'D BY LOCAL REG. 2-17-56		REGISTRAR'S SIGNATURE Earl Williamson			25. FUNERAL DIRECTOR'S SIGNATURE J. W. Duch		ADDRESS Ash Grove Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 28 1934

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..... *Richard E. Wette*

Licensed Embalmer No. *465*

P. O. Address..... *Ash Grove*

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.