

FILED JUN 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19911**BIRTH NO. **124** REG. DIST. NO. **68** PRIMARY REG. DIST. NO. **4119** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark		c. CITY OR TOWN Ponce de Leon	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 day		e. STREET ADDRESS (If rural, give location) No Street Address	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hagewood Hospital			

3. NAME OF DECEASED (Type or Print) ONE	a. (First) EDITH HANNAH	b. (Middle) WHITING	c. (Last) WHITING	4. DATE OF DEATH June 13, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED/WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 16, 1915	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY - - - -	11. BIRTHPLACE (City and State or Foreign Country) Harbine, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Karl Schulz	13b. MOTHER'S MAIDEN NAME Beatrice Bevins	14. NAME OF HUSBAND OR WIFE Franklin Dow Whiting
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 508 22 6284	17. INFORMANT'S SIGNATURE OR NAME Mo. ADDRESS Franklin D. Whiting, Ponce de Leon,
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident, thrombosis		1 8 hrs
	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. Hypertension, arterial, severe			Known 2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **10 June 1954**, to **13 June 1956**, that I last saw the deceased alive on **13 June 1956**, and that death occurred at **1205a m.**, from the causes and on the date stated above.

23a. SIGNATURE D. Royer	(Degree or title) M.D.	23b. ADDRESS Ozark, Mo	23c. DATE SIGNED 15 June 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/17/1956	24c. NAME OF CEMETERY OR CREMATORY Ponce de Leon Cemeter.	24d. LOCATION (City, town, or county) (State) Ponce de Leon, Missouri
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DATE REC'D BY LOCAL REG. June 23, 1956	REGISTRAR'S SIGNATURE Loretta Leonard	25. FUNERAL DIRECTOR'S SIGNATURE Walter Harris	ADDRESS Clever, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
J. Alan Harris

Licensed Embalmer No. 439

P. O. Address... *Cleveland, Ohio*

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.