

FILED AUG 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29306**
6091

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **ILLINOIS** b. COUNTY **SHELBY**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS** c. LENGTH OF STAY (In this place) **13 HOURS**
c. CITY OR TOWN **MONEAQUA** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. LOUIS CHILDREN'S HOSP.** e. STREET ADDRESS (If rural, give location) **BOX 233** **128**

3. NAME OF DECEASED a. (First) **ROBERT** b. (Middle) **ANGELO** c. (Last) **WHENNAN** 4. DATE OF DEATH (Month) (Day) (Year) **6 27 '56**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ 8. DATE OF BIRTH **6-19-'56** 9. AGE (In years last birthday) **8** IF UNDER 1 YEAR Months **8** IF UNDER 1 HR. Days **8** Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **DECATUR, ILLINOIS** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **ROBERT EDWARD WHENNAN** 13b. MOTHER'S MAIDEN NAME **NORMA VANUS** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **V. TODD - 500 S. KINGSHIGHWAY - ST. LOUIS**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **Heart action ceased**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **Unknown cause**
DUE TO (c) **Congenital Heart Disease**
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 **754.4** 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from **6-26**, 19**56**, to **6-27**, 19**56**, that I last saw the deceased alive on **6-27**, 19**56**, and that death occurred at **9:20A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **1956 J. Vietti MD** 23b. ADDRESS **500 S. KINGSHIGHWAY** 23c. DATE SIGNED **6-27-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **6-29-56** 24c. NAME OF CEMETERY OR CREMATORY **Mound** 24d. LOCATION (City, town, or county) (State) **Pana Ill.**

DATE REC'D BY LOCAL REG. **JUN 28 1956** REGISTRAR'S SIGNATURE **J. Earl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **C.R. Kennedy Pana, Ill.**

MR. TERRY METZGER
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 *C. R. Kennedy*.....

Licensed Embalmer No. *8158*.....

P. O. Address *Pana. Ill.*.....

**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.**