

FILED JUL 23 1957

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25555

STATE FILE NUMBER

Registration District No. 257

Primary Registration District No. 5880

Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Osage			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Morrison <i>Crawford</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Morrison		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Linn Manor Nursing Home		Length of stay in 1b Home	d. STREET ADDRESS		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Edwin Henry Whithaus			4. DATE OF DEATH Month Day Year July 13, 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 5, 1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retail	11. BIRTHPLACE (City and state or country) Morrison Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Fritz Whithaus			14. MOTHER'S MAIDEN NAME Sarah Schuster			
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. 489-428742	17. INFORMANT		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Medullary Failure</i> DUE TO (b) <i>Cerebral Thrombosis</i> DUE TO (c) <i>Generalized arteriosclerosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		CITY COUNTY STATE	
21. I attended the deceased from <i>6-1-57</i> to <i>6-14-57</i> and last saw ^{her} _{him} alive on <i>7-13-57</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Thomas W. Baldwin, D.O.</i>		22b. ADDRESS <i>Linn</i>		22c. DATE SIGNED <i>7/15/57</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>July 16-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Good Hope</i>	23d. LOCATION (City, town, or county) <i>Morrison</i>		(State) <i>Mo</i>	
24. FUNERAL DIRECTOR <i>Clyde Marton</i>		ADDRESS <i>Linn</i>	25. DATE RECD. BY LOCAL REG. <i>July 15-1957</i>	26. REGISTRAR'S SIGNATURE <i>T. A. Schmitt</i>		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300
-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms written or listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 14 1959

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 *Vernon Mostos*

Licensed Embalmer No. *412*

P. O. Address *Linn*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.