THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25886
STATE FILE NUMBER

FILED AUG 8 1957 Registration District No. 316 Primary Registration District No. 6072 Registrar's No. 245

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fredelton Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD#1, Farmington — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN near Farmington, Mo. — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RFD#1, Farmington — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Jennie Middle Last Whitener
4. DATE OF DEATH Month July Day 29 Year 1957
5. SEX female
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH April 29, 1867
9. AGE (In years last birthday) 90 — IF UNDER 1 YEAR Months 8 Days XX — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Near Farmington, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William S. Barry
14. MOTHER'S MAIDEN NAME Frances Parks
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Homer Whitener Address Farmington, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 10 dy
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis — 1 year
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4500
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from July 10th 1957 to July 28, 1957 and last saw her/him alive on July 28, 1957. Death occurred at 7:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE [illegible] (Degree or title) — 22b. ADDRESS Farmington Mo. — 22c. DATE SIGNED 7/30/57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE July 31, 1957
23c. NAME OF CEMETERY OR CREMATORY Dee Run Cemetery
23d. LOCATION (City, town, or county) Dee Run, (State) Mo.
24. FUNERAL DIRECTOR C. H. Cezean — ADDRESS Farmington, Mo.
25. DATE RECD. BY LOCAL REG. July 30, 1957
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ..... C A Cozean

Licensed Embalmer No. 40

P. O. Address Farmingto

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.