

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-005277

STATE FILE NUMBER

FILED FEB 17 1958

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 719

300  
-57

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1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clinton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Clinton</b> <u>0422</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hosp.</b>		Length of stay in lb <b>1 day</b>	d. STREET ADDRESS (If outside, give location) <b>537 S. Carter</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Fannie Leake Whitlock</b>			4. DATE OF DEATH Month Day Year <b>February 10, 1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 6, 1888</b>	9. AGE (In years at birthday) <b>69</b>	IF UNDER 1 YEAR Months Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and state or country) <b>Henry Co.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Frank Leake</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret (Unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Frank Whitlock</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Frank Whitlock Clinton, Missouri</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Lobar Pneumonia</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>			INTERVAL BETWEEN ONSET AND DEATH <u>18 hr.</u> <u>2 days</u>
19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			<u>490X</u>

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.) <b>none</b>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY STATE		

21. I attended the deceased from <u>11-14-57</u> to <u>2-10-58</u> and last saw her/him alive on <u>2-10-58</u> Death occurred at <u>10:15 <del>PM</del> P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>S. B. Hughes M.D.</b> (Degree or title)		22b. ADDRESS <b>Clinton, Mo.</b>	22c. DATE SIGNED <b>2-11-58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 13, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Englewood Ceme</b>	23d. LOCATION (City, <u>Clinton</u> county) (State) <b>Henry County Missouri</b>
24. FUNERAL DIRECTOR <b>Consalus Funeral Home, Clinton</b>		25. DATE RECD. BY LOCAL REG. <b>2-11-58</b>	26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Part I. All diseases in Part I must be causally related.

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 *Eugene R. Consalva* .....

Licensed Embalmer No. *4680* .....

P. O. Address *Clinton, Mo.* .....

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.