URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–041489

FILED VS DEC 8 1959

Registration District No. 316 Primary Registration District No. — Registrar's No. 454 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY St Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-St.Francois Twp. Length of stay in 1b 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mineral Area Osteo. Hospital Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Madison
c. CITY OR TOWN Buckhorn Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Buford Middle Franklin Last Whitener
4. DATE OF DEATH Month Nov. Day 29 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7/2/1918
9. AGE (last birthday) 41 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Madison County, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Franklin Whitener
13b. MOTHER'S MAIDEN NAME Birdie Mouser
14. NAME OF HUSBAND OR WIFE
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 Eunice Tharp, 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:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Liver Failure	12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hyperpyrexia	24 hrs.
DUE TO (c)	Exsanguinating G.I. Hemorrhage	36 hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Duodenal Ulcer.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 11-21-59, to 11-29-59 and last saw him alive on 11-29-59
Death occurred at 7:04 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul J. Gau (Degree or title) M.D.
22b. ADDRESS Farmington, Mo
22c. DATE SIGNED 12/2/59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 12/1/59
23c. NAME OF CEMETERY OR CREMATORY New Masonic Cemetery
23d. LOCATION (City, town, or county) Fredericktown, Mo (State)

24. FUNERAL DIRECTOR Homan Funaerl Home, ADDRESS Marquand, Mo.
25. DATE RECD. BY LOCAL REG. Dec. 2, 1959
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4120

P. O. Address Farmington

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