URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 16 1960

60-011764
STATE FILE NUMBER

NDED

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Madison	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Madison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fredericktown — Length of stay in 1b: 40 yrs.	c. CITY OR TOWN Fredericktown — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 123 E. Main St. — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 7 Maple Dr. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Ode	Middle: Columbus	Last: Whitener	4. DATE OF DEATH: Month March, Day 4, Year 1960
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 12/3/1884	9. AGE (last birthday): 75 — 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): Mill Owner (retired)	10b. KIND OF BUSINESS OR INDUSTRY: Flour Mill	11. BIRTHPLACE (City and state or country): Bessville, Mo.	12. CITIZEN OF WHAT COUNTRY: U.S.	
13a. FATHER'S NAME: Andrew Whitener	13b. MOTHER'S MAIDEN NAME: Barbara Bess	14. NAME OF HUSBAND OR WIFE: Mary A. Whitener		
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.: 493-01-9463	17. INFORMANT: Mary Whitener	Address: 7 Maple Dr. Fredericktown, 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)	Coronary artery occlusion	5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	years
DUE TO (c)	Generalized Arteriosclerosis.	years

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

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 March 4, 60 to Seen after death ~~and last saw her alive on~~

Death occurred at 1:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles E. Michaelis MD		22b. ADDRESS: 135 S Mine La Motte Fredericktown (Missouri)	22c. DATE SIGNED: March 6 '60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 3/6/60	23c. NAME OF CEMETERY OR CREMATORY: Old Masonic Cem.	23d. LOCATION (City, town, or county) (State): Fredericktown, Mo.
24. FUNERAL DIRECTOR: Najim Funeral Home	ADDRESS: Fredericktown, Mo.	25. DATE RECD. BY LOCAL REG.: 3-7-1960	26. REGISTRAR'S SIGNATURE: Florence Ricker

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed Charles McCarthy

Licensed Embalmer No. 4852

P. O. Address Fredericton

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.