

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26676

State File No. \_\_\_\_\_

FILED AUG 29 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 765

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (In this place) <u>4 months</u>		d. STREET ADDRESS (If rural, give location) <u>629 S. Campbell Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>629 S. Campbell Avenue</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCINA</u> b. (Middle) <u>I.</u> c. (Last) <u>WHITLOCK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 23, 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>2 March 1870</u>		9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	
11. BIRTHPLACE (State or foreign country) <u>Kendallville, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	

13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Benjamin F. Whitlock</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Psyche Home Record, Springfield, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial (Coronary) Infarction</u>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		431X Several years.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Asthma Pulmonary</u>		19a. DATE OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION <u>✓</u>					

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from March 20, 1949 to Aug 24, 1949, that I last saw the deceased alive on Aug 23, 1949, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William A. Beattie</u>		23b. ADDRESS <u>Medical Art Bldg</u>		23c. DATE SIGNED <u>8-26-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>26 Aug. 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lockwood Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Lockwood Missouri</u>	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>8-26-49</u> <u>W E Landley MD III</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank C. Thomas, Springfield, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.

Signed Kepth H. Threine.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

**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 this body is not embalmed, fact should be so stated above.