

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15109**
Registrar's No. **3723**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILL b. COUNTY FRANKLIN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Mo		c. LENGTH OF STAY (If in this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BENTON		812c	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location) 706 N. COMMERCIAL ST.			
3. NAME OF DECEASED (Type or Print) a. (First) Bennett			b. (Middle) _____		c. (Last) WHALEY		4. DATE OF DEATH (Month) (Day) (Year) 4-21-50
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 20, 1882		9. AGE (In years last birthday) 68	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAN, LABOR WORK		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME EDWARD WHALEY		13b. MOTHER'S MAIDEN NAME JANE DUFF		14. NAME OF HUSBAND OR WIFE NANCY WHALEY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE 357-09-1912		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul H. Carter Benton Ill			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia				INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic renal disease				10-12 yrs	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Encephalomalacia, due to Arteriosclerosis				4-5 mo. 5-10 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) 592K			
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?			
22. I hereby certify that I attended the deceased from 4-18 , 19 50 , to 4-21 , 19 50 , that I last saw the deceased alive on 4-21 , 19 50 , and that death occurred at 1st A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. B. Carter M.D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 4/21/50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE APRIL 24, 1950	24c. NAME OF CEMETERY OR CREMATORY MASONIC AND ODDFELLOWS		24d. LOCATION (City, town, or county) (State) BENTON, ILLINOIS		
DATE REC'D BY LOCAL REG. APR 24 1950		REGISTRAR'S SIGNATURE J. B. Carter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bull Campbell Martway, 4215 Lindell			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-13-64

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 _____
working under my personal supervision.

Signed.....
Student Embalmer

Signed *Ed Campbell* Student Embalmer No.....

Licensed Embalmer No. *3881*

P. O. Address *St Louis, 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 this body is not embalmed, fact should be so stated above.