

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18876

BIRTH NO.		REG. DIST. NO. 817	PRIMARY REG. DIST. NO. 3067	Registrar's No. 1380
1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Lambert</i>		
b. CITY (If outside corporate limits, write RURAL and give town) <i>Rich Hill Mo</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>White Oak Mo 0350</i>		
c. LENGTH OF STAY (in this place) <i>2 Weeks</i>		d. STREET ADDRESS (If rural, give location) <i>1</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Marys Hosp</i>				
3. NAME OF DECEASED (Type or Print) a. (First) <i>FRANKLIN</i> b. (Middle) <i>DAVID</i> c. (Last) <i>McWHIRTER</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 31 1950</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>May 16 - 1945</i>	9. AGE (In years last birthday) <i>5</i> IF UNDER 1 YEAR Months <i>2</i> Days <i>15</i> IF UNDER 1 HR. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>White Oak Mo</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
13a. FATHER'S NAME <i>Philburn McWhirter</i>		13b. MOTHER'S MAIDEN NAME <i>Clenden Key</i>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>WT McWhirter White Oak Mo</i>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Brain tumor - Rt. Posture area</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i></i> DUE TO (c) <i></i> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <i>4 weeks</i>
19a. DATE OF OPERATION <i>5-20-50</i>	19b. MAJOR FINDINGS OF OPERATION <i>Normal Ventriulogram</i>		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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 <i>16 May</i> , 1950, to <i>31 May</i> , 1950, that I last saw the deceased alive on <i>31 May</i> , 1950, and that death occurred at <i>9:40 a.m.</i> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <i>Fredrick A. Jones M.D.</i>		23b. ADDRESS <i>St. Marys Hosp. St. Louis</i>	23c. DATE SIGNED <i>31 May 50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>June 7 - 1950</i>	24c. NAME OF CEMETERY, OR CREMATORY <i>Gene City Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>White Oak Mo</i>	
DATE REC'D BY LOCAL REG. <i>MAY 31 1950</i>	REGISTRAR'S SIGNATURE <i>Herbert A. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W. H. ...</i>		

(Licensed Embalmer's Signature on Reverse Side)

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

No. 300  
v. 10.48

4005

**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 .....

Student Embalmer

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

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.