No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29733

State File No.

FILED AUG 31 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 284

1. PLACE OF DEATH
a. COUNTY St.Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Farmington Rural St.Francois
c. LENGTH OF STAY (In this place) 0mos.0dys.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri State Hospital No.4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri
b. COUNTY St.Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rivermines 0940
d. STREET ADDRESS (If rural, give location) 28 Hill St.

3. NAME OF DECEASED (Type or Print)
a. (First) GEORGE
b. (Middle) BISHOP
c. (Last) WHALEY

4. DATE OF DEATH (Month) (Day) (Year) August 15,1953

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH March 17,1880

9. AGE (In years last birthday) 73 — If under 1 year: Months 4 Days 28 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler maker and steel constr.worker.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Bonne Terre, Missouri 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Pinkeny Whaley

13b. MOTHER'S MAIDEN NAME Arseny Ann Campbell

14. NAME OF HUSBAND OR WIFE Anna M. Frank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 355-10-7001

17. INFORMANT'S SIGNATURE OR NAME Records,State Hospital No.4,Farmington,Mo. **ADDRESS**

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) Acute coronary occlusion - - - - instantaneous. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease - - unknown.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Psychosis with cerebral arteriosclerosis.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4200

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December 6, 19 52, *to* August 15, 19 53, *that I last saw the deceased alive on* August 15, 19 53, *and that death occurred at* 12:05P m., *from the causes and on the date stated above.*

23a. SIGNATURE John A. Brennan M.D. (Degree or title)

23b. ADDRESS State Hospital No.4,Farmington,Mo.

23c. DATE SIGNED 8-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE AUG. 18, 1953

24c. NAME OF CEMETERY OR CREMATORY K. of P. Cemetery

24d. LOCATION (City, town, or county) (State) ST. FRANCOIS Mo.

DATE REC'D BY LOCAL REG. Aug 15, 1953

REGISTRAR'S SIGNATURE Esther Ridlaff

25. FUNERAL DIRECTOR'S SIGNATURE C.Z. Bayer & Son, Desloge, Mo. **ADDRESS**

(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....
Student Embalmer

Signed B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Leslogue, 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.