

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42765**
Registrar's No. **11070**

FILED JAN 6 1956

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11070			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO				b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give town or township) ST LOUIS		c. LENGTH OF STAY (in this place) 1 DAY		c. CITY OR TOWN RURAL MERAMEC TOWNSHIP		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION FIRMIN DES LOGE HOSP				f. STREET ADDRESS HOUSE SPRINGS		g. (If rural, give location) RR. 0-1			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE			b. (Middle) FRANKLIN		c. (Last) WHITAKER		4. DATE OF DEATH (Month) (Day) (Year) 12-17-1955		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH FEB 21-1894		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min. 71 9 35	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARETAKER			10b. KIND OF BUSINESS OR INDUSTRY LABORER		11. BIRTHPLACE (City and State or Foreign Country) CANTON ILL		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME DACON ROGER WHITAKER			13b. MOTHER'S MAIDEN NAME AMANDA CATHERINE SHEPHERD			14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no Record no Record		16. SOCIAL SECURITY NO. 336-10-0859		17. INFORMANT'S SIGNATURE OR NAME Edw Brantl		ADDRESS Fenton Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis					8 hours		
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) A.S. Heart Disease					?		
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 9/1 , 19 55 , to 12/11 , 19 55 , that I last saw the deceased alive on 12/11 , 19 55 , and that death occurred at 7 P. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Frank Huck M.D.				23b. ADDRESS Fenton, Mo.		23c. DATE SIGNED 12/17/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/19/55		24c. NAME OF CEMETERY OR CREMATORY St. Martin's E.V.R. Cem		24d. LOCATION (City, town, or county) (State) High Ridge Mo			
DATE REC'D BY LOCAL REG. DEC 19 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Drummer Tim, Home		ADDRESS House Springs Mo			

(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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 147

P. O. Address Home Springs

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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