

FILED MAR 7 1956

STANDARD CERTIFICATE OF DEATH

State File No. 5272 Registrar's No. 105

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

1. PLACE OF DEATH
 a. COUNTY **Jackson**
 b. CITY (If outside corporate limits, write RURAL and give town or township) **Independence**
 c. LENGTH OF STAY (If in care) **5 1/2 yrs**
 c. CITY OR TOWN **Independence**
 d. Is Residence within limits of a city or incorporated town? Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Mo.**
 b. COUNTY **Jackson**
 STREET ADDRESS (If rural, give location) **715 S Park**

3. NAME OF DECEASED
 a. (First) **FRANK**
 b. (Middle) **E.**
 c. (Last) **TREHARNE**
 4. DATE OF DEATH (Month) (Day) (Year) **Feb 22 56**

5. SEX **Male**
6. COLOR OR RACE **White**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **May 13, 1908**
9. AGE (In years last birthday) **47**
 IF UNDER 1 YEAR: Months _____ Days _____
 IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done throughout working life, even if retired) **Medical Doctor**
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State, Foreign Country) **Dogus Mines Penn.**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Edwin R Treharne**
13b. MOTHER'S MAIDEN NAME **Blanche Millen**
14. NAME OF HUSBAND OR WIFE **Mary Jo Treharne**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give year or dates of service) **WW 2**
16. SOCIAL SECURITY NO. **492-38-9425**
17. INFORMANT'S SIGNATURE OR NAME **Mary Jo Treharne**
ADDRESS **Independ. Mo.**

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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Acute Pulmonary Edema**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Acute myocardial Dilatation**
 DUE TO (c) **Acute Uremia**

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 hour
1 hour
3 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE (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 NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Feb 20, 1956, to Feb 22, 1956, that I last saw the deceased alive on Feb 22, 1956, and that death occurred at 11 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Theo W Smith MD**
23b. ADDRESS **229 Independence NC Mo 7-24-56**
23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**
24b. DATE **Feb 22 56**
24c. NAME OF CEMETERY OR CREMATORY **Woodlawn**
24d. LOCATION (City, town, or county) (State) **Independ. Mo.**

DATE REC'D BY LOCAL REG. **2-25-56**
REGISTRAR'S SIGNATURE **James Craig**
25. FUNERAL DIRECTOR'S SIGNATURE **Otto Mitchell**
ADDRESS **Independ. Mo.**

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

MAR 8 1956

MAR 8 1956

MAR 22 1956

MAR 21 1956

APR 17 1956

VS NOV 25 1959

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 *Jason T. White*.....

Licensed Embalmer No. *4925*

P. O. Address *Indy IN*.....

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.