

FILED JAN 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43648**

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5744 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY MADISON		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HIGDON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HIGDON	
c. LENGTH OF STAY (in this place) 12 YRS		d. STREET ADDRESS (If rural, give location) NONE	
d. FULL NAME OF HOSPITAL OR INSTITUTION HIGDON, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) GILFORD b. (Middle) LORENZO c. (Last) WHITWORTH			4. DATE OF DEATH (Month) (Day) (Year) DEC. 17, 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 28, 1889	9. AGE (In years last birthday) 60 1/2	IF UNDER 1 YEAR 4 MONTHS 19 DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) MADISON County Missouri	
13a. FATHER'S NAME JOHN Whitworth			13b. MOTHER'S MAIDEN NAME MARGUET WARD		14. NAME OF HUSBAND OR WIFE Maude G. Whitworth
12. CITIZEN OF WHAT COUNTRY? U. S.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maude G. Whitworth, Higdon, Mo.			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maude G. Whitworth, Higdon, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis			INTERVAL BETWEEN ONSET AND DEATH 1 yr. 4 mos.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			002X
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		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 Aug 29, 1949, to Dec. 17, 1950, that I last saw the deceased alive on Dec. 17, 1950, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

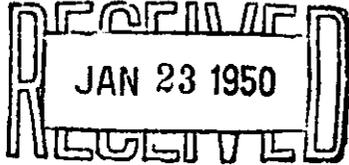
23a. SIGNATURE (Degree or title) Maurice Grossman MD		23b. ADDRESS Fredericktown Mo.		23c. DATE SIGNED 12/19/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-19-50		24c. NAME OF CEMETERY OR CREMATORY Rhodes Chapel Cemetery		24d. LOCATION (City, town, or county) (State) Madison County Missouri	
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DATE REC'D BY LOCAL REG. 1-13-51		REGISTRAR'S SIGNATURE Florence Necks 187		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sam Dajir Jr. Fredericktown, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

ANDRISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 151-4

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

William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.