

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8083

State File No.

FILED MAR 17 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 250

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Campbell Twp. 0390</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Springfield R.F.D. # 9</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>HENRY</u>	c. (Last) <u>WHITWORTH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 10, 1952</u>
-------------------------------------	------------------------	--------------------------	----------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11 Dec. 1900</u>	9. AGE (In years last birthday) <u>52 (51)</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
--------------------	-------------------------------	---	--------------------------------------	--	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pipe fitter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco Railway</u>	11. BIRTHPLACE (State or foreign country) <u>Rhoades, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	--

13a. FATHER'S NAME <u>Truax Whitworth</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Meek</u>	14. NAME OF HUSBAND OR WIFE <u>Lela B. Whitworth</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>702-07-6446</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lela Whitworth, Rt. 9, Springfield, Mo.</u>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Ruptured duodenal ulcer</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Tertiary syphilis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5411 B</u>	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)	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 11-30-1948, to 3-10-1952, that I last saw the deceased alive on 3-10-1952, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul O. Norton</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>1630 N. Jefferson</u>	23c. DATE SIGNED <u>3-12-52</u>
--------------------------------------	-----------------------------	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>14 Mar 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Danforth Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Greene County, Missouri</u>
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>3-12-52</u>	REGISTRAR'S SIGNATURE <u>James R. Amos, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred C. Givens, Springfield, Mo.</u>	ADDRESS
---	--	--	---------

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

APR 3 1955

MAR 10 1955

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ralph H. Thorne

Signed.....
Student Embalmer

Licensed Embalmer No. *3687*

P. O. Address *Springfield, Mass*

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.