

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18410

FILED JUL 11 1955

BIRTH NO. _____		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 5480		Registrar's No. 80	
1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Grundy			
b. CITY OR TOWN Trenton TWP		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Trenton		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 Route #4				e. STREET ADDRESS (If rural, give location) Route #4			
3. NAME OF DECEASED (Type or Print) Mary		a. (First) Blanche		c. (Last) Whorton		4. DATE OF DEATH (Month) (Day) (Year) June 10 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Dec 18, 1899	
9. AGE (In years last birthday) 54		10. UNDER 1 YEAR Months		11. BIRTHPLACE (City and State or Foreign Country) Grundy County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Samuel Robert Whorton		13b. MOTHER'S MAIDEN NAME Eva Parberry		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Clay Whorton R#4 Trenton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 1 month ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 10th, 1955, to June 10th, 1955, that I last saw the deceased alive on June 9th, 1955, and that death occurred at 4:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Oliver F. Duffy MD		23b. ADDRESS Trenton Mo		23c. DATE SIGNED June 11th 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/13/55		24c. NAME OF CEMETERY OR CREMATORY WOOD CEMETERY		24d. LOCATION (City, town or county) (State) Trenton, Mo.	
DATE REC'D BY LOCAL REG. 6-13-55		REGISTRAR'S SIGNATURE Irene Jaur 115		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GIPSON FUNERAL HOME TRENTON, 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..... *Geo. E. Whitaker*

Licensed Embalmer No. *47*

P. O. Address *Trenton*

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.