

FILED DEC 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36640

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 182

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Trenton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2408 CHICAGO ST</u>		e. STREET ADDRESS (If rural, give location) <u>2408 CHICAGO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) c. (Last) <u>WHORTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 4 1955</u>
--	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 31, 1889</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	--	--	---	------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman & Logging</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Grundy Co. MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	---

13a. FATHER'S NAME <u>ELIJAH J WHORTON</u>	13b. MOTHER'S MAIDEN NAME <u>MARY ELIZABETH JOHNSON</u>	14. NAME OF HUSBAND OR WIFE <u>FRANKIE WHORTON (dec)</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. JOHN WAISH</u>	ADDRESS <u>Trenton, MO</u>
--	-------------------------	---	-------------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbidity 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. <u>331X</u>		

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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Dec 1st, 1955, to Dec 4th, 1955 that I last saw the deceased alive on Dec 2nd, 1955, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Oliver F Duffy MD</u>	(Degree or title)	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>Dec 5th</u>
--	-------------------	-----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 6 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sheldurn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton R.F.D. MO</u>
--	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>12-6-55</u>	REGISTRAR'S SIGNATURE <u>Gene Fano</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Warren Blockhouse</u>	ADDRESS <u>Trenton Mo</u>
--	---	--	------------------------------

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

Dr. Oliver Duffy.

MAY 14 1956

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 *Harold L Roberts*.....

Licensed Embalmer No. *492*

P. O. Address *Leicester 9*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.