

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

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

FILED JAN 10 1956 REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 4446 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>RAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>RAY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HARDIN</b>		c. CITY OR TOWN <b>HARDIN</b>	
c. LENGTH OF STAY (in this place) <b>LIFE</b>		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 <b>Tablet Rooming House</b>		e. STREET ADDRESS (If rural, give location) <b>0890</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>HORACE</b> b. (Middle) <b>EDWARD</b> c. (Last) <b>WHITTINGTON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 28, 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>FEB. 28, 1879</b>
9. AGE (In years last birthday) <b>76</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>GENERAL</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>CARROLL COUNTY, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>ROBERT WHITTINGTON</b>	
13b. MOTHER'S MAIDEN NAME <b>ELIZABETH HANCOY</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>487-16-2114</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ROY WHITTINGTON</b> ADDRESS <b>HARDIN, Mo.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b> INTERVAL BETWEEN ONSET AND DEATH <b>Inst.</b> 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. <b>4201</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		21. HOW DID INJURY OCCUR?
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"/>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>4:30 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Dr. J. P. Baber</b>		23b. ADDRESS <b>Raymond Mo</b>	23c. DATE SIGNED <b>12-28-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-31-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HARDIN CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>HARDIN Mo.</b>
DATE REC'D BY LOCAL REG. <b>Jan 3-1956</b>	REGISTRAR'S SIGNATURE <b>Malcolm Jackson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Tripechild &amp; Boeckling</b>	ADDRESS <b>Hardin Mo.</b>

MAR 25 1957

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..... *August Boeckhding*

Licensed Embalmer No. *467*

P. O. Address *Harding, Ia*

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.