

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3931**BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **166**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph,		c. LENGTH OF STAY (in this place) 2yrs	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		e. STREET ADDRESS (If rural, give location) 412½ Pendelton St., <i>0170</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) P.	c. (Last) Whittington	4. DATE OF DEATH (Month) (Day) (Year) Feb 6 1956
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5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 19, 1882	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Buchanan Co, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Isaakeal Whittington	13b. MOTHER'S MAIDEN NAME Susan Gill	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Clay Whittington	ADDRESS St. Joseph, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 8124 25
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Linear Skull Fracture left Parietal. Extensive subdural hemorrhage into the cortex of the brain.	DUE TO (b) Man Collided with an automobile on the crossing at 4th and Anton sts. receiving a head injury	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Man Collided with an automobile on the crossing at 4th and Anton sts. receiving a head injury			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Hit by an automobile	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) 4th and Anton	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Joseph Buchanan Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 6. 1956 6:30 P.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Hit by an automobile
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22. I hereby certify that I ~~signed~~ the deceased from **on 2/6**, 19**56**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE H F Mundy (Coroner) M.D.	23b. ADDRESS St Joseph Mo	23c. DATE SIGNED 2/7/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/10/56	24c. NAME OF CEMETERY OR CREMATORY Union Cemetery	24d. LOCATION (City, town, or county) (State) Wallace Mo
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DATE REC'D BY LOCAL REG. Feb 15, 1956	REGISTRAR'S SIGNATURE Kathleen M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE John D. [Signature]	ADDRESS St. Joseph, Mo
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(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..... *John E. Rupp*

Licensed Embalmer No. *39*

P. O. Address *St. Jose*

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.