

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43367

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 453

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirksville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		Length of stay in lb	d. STREET ADDRESS 808 E. Harrison (If outside, give location)

3. NAME OF DECEASED (Type or print) Ernest E. Whitton			4. DATE OF DEATH Dec. 28, 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 13, 1889	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired laborer		10b. KIND OF BUSINESS OR INDUSTRY Fram & Carpenter	11. BIRTHPLACE (City and state or country) Schuyler County, Mo.	
13. FATHER'S NAME William Whitton		14. MOTHER'S MAIDEN NAME Virginia Katherine Cleeton		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) No (If yes, give year or dates of service) X		16. SOCIAL SECURITY NO. 486-12-7454		17. INFORMANT Mrs. Lulu Whitton, Kirksville, Mo.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Coronary Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 16 days ? —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 4201		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21: I attended the deceased from **Dec 13, 1957** to **Dec 28, 1957** and last saw him alive on **Dec 28, 1957**
Death occurred at **11:55** **A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. J. Woods M.D. (Degree or title)		22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 12-29-57	
23a. BURIAL, CREMATION, REBURY (Specify)		23b. DATE 12/31/57		23c. NAME OF CEMETERY OR CREMATORY Prough Cemetery	
23d. LOCATION (City, town, or county) (State) Adair County, Mo.					

24. FUNERAL DIRECTOR Doris W. Ratliff		ADDRESS Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 1-2-1958	
				26. REGISTRAR'S SIGNATURE Doris W. Ratliff	

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *George W. Davolt*.....

Licensed Embalmer No. *479*

P. O. Address *Kirkwood*

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.