

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005050

FILED VS MAR 15 1960

15

Primary Registration District No.

3004

Registrar's No.

29

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri b. COUNTY Barton					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Length of stay in lb 13 1/2 hrs		c. CITY OR TOWN Iantha		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First EMITT Middle CLAY Last WHITWORTH			4. DATE OF DEATH Month March Day 11 Year 1960						
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 8-25-1885	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Carpenter		11. BIRTHPLACE (City and state or country) Lamonte, Missouri		12. CITIZEN OF WHAT COUNTRY U. S.		
13a. FATHER'S NAME Archibald Whitworth			13b. MOTHER'S MAIDEN NAME America Weathers			14. NAME OF HUSBAND OR WIFE Elsie Calhoun Whitworth			
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. 500-01-9253		17. INFORMANT Address Mrs. E. C. Whitworth, Iantha, Missouri				
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 occlusion DUE TO (b) occlusion DUE TO (c) occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 2:15 a.m. Co Month, Day, Year 60	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>								
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Iantha		COUNTY Barton		STATE Missouri			
21. I attended the deceased from 2-15-60 to 5-20-60 and last saw her alive on 5-20-60 . Death occurred at 5:24 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE J R Gunder (Degree or title) M.D.				22b. ADDRESS Lamar			22c. DATE SIGNED 3-11-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Mar 13 1960	23c. NAME OF CEMETERY OR CREMATORY Iantha		23d. LOCATION (City, town, or county) (State) Iantha, Missouri				
24. FUNERAL DIRECTOR ADDRESS Konantz Funeral Home, Lamar, Missouri				25. DATE RECD. BY LOCAL REG. MAR 12 '60		26. REGISTRAR'S SIGNATURE Marie Konantz			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Norman L. Thompson

Licensed Embalmer No. 4816

P. O. Address Lemas, Md.

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.