MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

62-031664
STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 4275 Registrar's No. 130

FILED AUG 24 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0550
2 0050
3 1
4 1
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12 90-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED	INSTEAD OF	SHOULD READ	ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY LAWRENCE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARIONVILLE — Length of stay in 1b: 2 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY BARRY
c. CITY OR TOWN CASSWILLE — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) ½ Mi. East — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First ELCA Middle Last WHITTINGTON
4. DATE OF DEATH: Month AUG. Day 11 Year 1962
5. SEX: F
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/29/80
9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months Days; IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Mano, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: G.W. McDougald
13b. MOTHER'S MAIDEN NAME: Margaret Aldridge
14. NAME OF HUSBAND OR WIFE: Richard Whittington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Chas. McNabb, Marionville, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebro-Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 Day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1959, to Death and last saw him alive on 8/10/62
Death occurred at 9:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) MD
22b. ADDRESS Aurora Mo
22c. DATE SIGNED 8/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/15/62
23c. NAME OF CEMETERY OR CREMATORY: Muncy Cemetery
23d. LOCATION (City, town, or county) (State): Barry Co., Missouri

24. FUNERAL DIRECTOR ADDRESS: Doyle E. Williamson, Cassville, Mo.
25. DATE RECD. BY LOCAL REG.: 8-21-62
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

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 Royle E. Williamson

Licensed Embalmer No. 4883

P. O. Address Cassville, Mo.

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.

TA. Morrison