

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

41181

State File No.

FILED DEC 30 1950

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 223

0480

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prairie</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grandview</u> 0480	
c. LENGTH OF STAY (in this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County E. Hoop.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Shell</u> b. (Middle) _____ c. (Last) <u>Whitton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 13, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>April 6, 1875</u>
9. AGE (in years last birthday) <u>75</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Post Platte Co. Missouri</u>	
11. BIRTHPLACE (State or foreign country) <u>Jefferson City</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>John Whitton</u>		13b. MOTHER'S MAIDEN NAME <u>Cassie McCollum</u>	
14. NAME OF HUSBAND OR WIFE <u>Susan Catharine Whitton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or no unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Lost</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Rex Whitton</u>		ADDRESS <u>1213 Lee St. Mo. Jefferson City</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral atherosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <u>3 = 2X</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>12-8-50</u> , 19 <u>50</u> , to <u>12-12-50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-12-50</u> , 19 <u>50</u> , and that death occurred at <u>2:10 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John C. Summers, M.D.</u>		23b. ADDRESS <u>Independence, Missouri</u>	
(Degree or title)		23c. DATE SIGNED <u>12-13-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/14/1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Less Summit Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Lees Summit, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12/14/50</u>		REGISTRAR'S SIGNATURE <u>Douglas C. Eamshaw</u> 178	
25. FUNERAL DIRECTOR'S SIGNATURE <u>E. K. George & Sons</u>		ADDRESS <u>Grandview, Mo.</u>	

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
Student Embalmer

Signed Richard E. Keage

Licensed Embalmer No. 3958

P. O. Address. Belton, 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 this body is not embalmed, fact should be so stated above.