

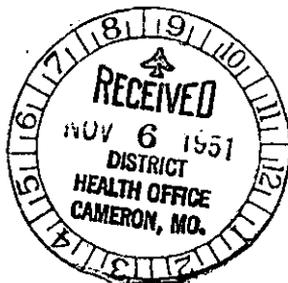
STANDARD CERTIFICATE OF DEATH

FILED NOV 14 1951

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

BIRTH NO.		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>5703</u>		Registrar's No. <u>139</u>	
1. PLACE OF DEATH a. COUNTY <u>LIVINGSTON</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>FARMERSVILLE Medicence Twp</u> )				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>LIVINGSTON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FARMERSVILLE Medicence TOWNSHIP</u> d. STREET ADDRESS (If rural, give location) <u>0590</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>SAMUEL</u>		b. (Middle) <u>ROBERT</u>		c. (Last) <u>WHORTON</u>	
4. DATE OF DEATH		(Month) <u>OCT.</u>		(Day) <u>29</u>		(Year) <u>1951</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MAY 17, 1872</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>5</u>		IF UNDER 24 HRS. Days <u>12</u>		IF UNDER 1 MIN. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>GRUNDY COUNTY, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>DANIEL WHORTON</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH DOCKORY</u>		14. NAME OF HUSBAND OR WIFE <u>MARTHA E. PARRERY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CLAY WHORTON RFD#4 TRENTON, MO.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wound</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>lower cerebral position</u> DUE TO (c) <u>of forehead, self-inflicted</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured long of skull</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ASSISTANT SUICIDE HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Farmersville Livingston Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 29 1951 3:30 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self-inflicted. Shot gun</u>			
22. I hereby certify that I attended the deceased from <u>10</u> to <u>5:30</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10</u> , 19 <u>51</u> , and that death occurred at <u>5:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. M. Russell M.D. Coroner</u>				23b. ADDRESS <u>Chillicothe Mo</u>		23c. DATE SIGNED <u>10/30/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 1, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BRATTON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>GRUNDY COUNTY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>Oct 130/51</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles D. Sisson TRENTON, MISSOURI</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.....

*Charles D. Lipsean*

Licensed Embalmer No..... 3109

P. O. Address TRENTON, MISSOURI

**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.