

FILED DEC 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37044**

BIRTH NO. _____		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 5480		Registrar's No. 147		
1. PLACE OF DEATH a. COUNTY Grundy 0400 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton Route 5 c. LENGTH OF STAY (in this place) 1 hr d. FULL NAME OF HOSPITAL OR INSTITUTION Trenton Route 5				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Grundy c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton 0400 d. STREET ADDRESS (If rural, give location) Route 5				
3. NAME OF DECEASED (Type or Print) a. (First) MALISA b. (Middle) _____ c. (Last) Whorton			4. DATE OF DEATH (Month) (Day) (Year) 11-6-1951					
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept 22 1867		
9. AGE (in years last birthday) 84		IF UNDER 1 YEAR 1 Days		IF UNDER 24 HRS. 14 Hours		IF UNDER 1 Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Grundy Co. Mo.		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME ASHFORD DOCKERY		13b. MOTHER'S MAIDEN NAME JANE BLACKBURN DOCKERY		14. NAME OF HUSBAND OR WIFE (DEC.)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME EAW WHORTON		ADDRESS ROUTE 5, TRENTON, MO		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 days		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 332X				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 Nov 2, 1951 , to Nov 5, 1951 , that I last saw the deceased alive on Nov 4, 1951 , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE J. Lucas M.D. (Degree or title)				23b. ADDRESS 1111 N. Main St. Trenton, Mo.		23c. DATE SIGNED 11/9/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-8-51		24c. NAME OF CEMETERY OR CREMATORY Bratton Cemetery		24d. LOCATION (City, town, or county) (State) Grundy County Mo.		
DATE REC'D BY LOCAL REG. 11-8-1951		REGISTRAR'S SIGNATURE Jene Fair		25. FUNERAL DIRECTOR'S SIGNATURE J. Davis		ADDRESS Blackmore Trenton Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

J. Gordon Blackman

Licensed Embalmer No. 4602

P. O. Address Juntura, 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.