

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

35477

State File No.

FILED NOV 12 1952

REG. DIST. NO. 162

PRIMARY REG. DIST. NO. 5595

Registrar's No. 86

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give town) ROCK TOWNSHIP		c. CITY (If outside corporate limits, write RURAL and give township) RURAL-ROCK TOWNSHIP	
c. LENGTH OF STAY (in this place) 4 YRS.		d. STREET ADDRESS (If rural, give location) IMPERIAL Mo. 0500	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME IMPERIAL Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) G. c. (Last) WHITWORTH.		4. DATE OF DEATH (Month) (Day) (Year) OCT. 31. 1952.	
5. SEX M.	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH OCT. 23, 1916
9. AGE (In years last birthday) 36		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN	11. BIRTHPLACE (State or foreign country) ORAN Mo
10b. KIND OF BUSINESS OR INDUSTRY GLASS Co.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME MARVIN WITHWORTH.		13b. MOTHER'S MAIDEN NAME ANN. SHAW	
14. NAME OF HUSBAND OR WIFE SINGLE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.II		16. SOCIAL SECURITY NO. 494-05-6494	
17. INFORMANT'S SIGNATURE OR NAME ANN WITHWORTH		ADDRESS IMPERIAL Mo	
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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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) (Min.)		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 10/20 , 19 52 , to 10/31 , 19 52 , that I last saw the deceased alive on 10/30 , 19 52 and that death occurred at 6 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE Robert C. Bernhart (Degree or title)		23b. ADDRESS Bernhart Mo	
23c. DATE SIGNED 11/1/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 2-52	
24c. NAME OF CEMETERY OR CREMATORY VALLE SPRINGS CATHOLIC CH.		24d. LOCATION (City, town, or county) (State) ST. GENEVIEVE Mo	
DATE REC'D BY LOCAL REG. 11-1-52		REGISTRAR'S SIGNATURE Ruth J. ... 438	
25. FUNERAL DIRECTOR'S SIGNATURE HEILIGTAG FUNERAL HOME		ADDRESS IMPERIAL Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

5500
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NOV 1 1952

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED NOV 5 1952

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 Arthur W. Heligter

Licensed Embalmer No. 3872

P. O. Address Imperial 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.