

THE DIVISION OF HEALTH OF THE STATE OF ILLINOIS
STANDARD CERTIFICATE OF DEATH

43922

State File No.

FILED JAN 10 1953

318

1003

11614

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>McLean</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bloomington</u>		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Pacific Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>507 North Mason Street.</u>			
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Nevary</u> c. (Last) <u>Whitworth</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Decem. 15, 1952</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>August 16, 1885</u>		9. AGE (In years last birthday) <u>57</u>	10. MONTHS _____	11. DAYS _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Locomotive Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GM&O R.R.</u>		11. BIRTHPLACE (State or foreign country) <u>Roodhouse, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel L. Whitworth</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Schofield</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie Whitworth</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>709-10-9729</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. J. Whitworth Jr., 507 No Mason</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION Bloomington, Ill.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				Congestive Heart Failure			5 mo
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Rheumatic Heart Disease</u>			Many years
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 _____				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? <u>416 ft</u>			
22. I hereby certify that I attended the deceased from <u>Dec. 9, 1952</u> , to <u>Dec 15, 1952</u> , that I last saw the deceased alive on <u>Dec. 15, 1952</u> , and that death occurred at <u>6:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Clara B. Hart</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Mo. Pac. Hospital</u>		23c. DATE SIGNED <u>12-16-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-17-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fernwood</u>		24d. LOCATION (City, town, or county) (State) <u>Roodhouse, Illinois.</u>		
DATE REC'D BY LOCAL REG. <u>DEC 17 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington</u>			

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

Mellon

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.

Student Embalmer No.

Signed.....

Fred J. Farmer

Signed.....
Student Embalmer

Licensed Embalmer No. 4788

P. O. Address.....

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.