

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

19892

State File No. _____

FILED JUL 12 1954

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 247

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>127 East Saline</u>		e. STREET ADDRESS (If rural, give location) <u>127 East Saline</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTIS</u> b. (Middle) <u>G.</u> c. (Last) <u>WHITWORTH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 4, 1954</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>Oct. 13, 1884</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Not Known</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>David Whitworth</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Weathers</u>		14. NAME OF HUSBAND OR WIFE <u>Mamie Whitworth</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mamie Whitworth, Sedalia, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH _____
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Fract Hip</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9020</u> <u>21</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Fell in floor</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) / STATE <u>Sedalia Mo Pettis MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 25 54 8a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell in floor while using Commode</u>

22. I hereby certify that I attended the deceased from May, 1954, to July, 1954, that I last saw the deceased alive on July 4, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>O. Sweeney M.D.</u>	23b. ADDRESS <u>Sedalia Mo</u>	23c. DATE SIGNED <u>7/6-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 7, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>
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DATE REC'D BY LOCAL REG <u>7-10-54</u>	REGISTRAR'S SIGNATURE <u>L. W. Coontz, Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>O. W. Heckart Sedalia, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
GILLESPIE FUNERAL HOME

No. 300
10-48

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.....
Signature of Student Embalmer

Signed..... 

Licensed Embalmer No. 347

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.