

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38274

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 448	
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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		d. STREET ADDRESS (If rural, give location) <u>605 W. 5th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>605 W. 5th</u>				d. STREET ADDRESS <u>605 W. 5th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>Whittington</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 9 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>April 30 1887</u>	
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tool maker</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ph. J. Whittington</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Hughes</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Whittington</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>obtain to</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruth Whittington</u>		ADDRESS <u>Sedalia</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism. Only a few minutes.</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Cardio- Vascular Disease. 10 years</u>			
DUE TO (c) <u>Emphysema. and Asthma. 10 years.</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				None other.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Medical only.</u>		20. AUTOPSY? YES ☐ NO ☒		4201 No.	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>		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) <u>None.</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>over 10 yrs</u> to <u>Dec. 9th, 1954</u> , that I last saw the deceased alive on <u>Dec. 1st, 1954</u> , and that death occurred at <u>3:50 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u>				23b. ADDRESS <u>Jno. B. Carlisle, M.D. Sedalia, Missouri.</u>		23c. DATE SIGNED <u>12-10-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-11-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Moherly cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Moherly Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-11-54</u>		REGISTRAR'S SIGNATURE <u>Lovina Evans</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Laughlin Bros</u>		ADDRESS <u>Sedalia</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 27 1964

MAR 8 MAR 10 1955

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 *K.P. McHenry*

Licensed Embalmer No. *3153*

P. O. Address *Sedalia 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.