

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33618**
4389
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 13 YEARS	c. CITY OR TOWN KANSAS CITY	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 RESEARCH HOSPITAL		e. STREET ADDRESS (If rural, give location) 200 EAST 79TH TERRACE	

3. NAME OF DECEASED (Type or Print)	a. (First) ELBERT	b. (Middle) CLINTON	c. (Last) WHORTON	4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 10 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN-18-1905	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRIC WELDER	10b. KIND OF BUSINESS OR INDUSTRY KANSAS CITY STRUCTURAL STEEL COMPANY	11. BIRTHPLACE (City and State or Foreign Country) BRANSON MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME GEMES CLINTON WHORTON	13b. MOTHER'S MAIDEN NAME ALMEDA THARP	14. NAME OF HUSBAND OR WIFE MRS. ANNA WHORTON
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 489-26-1103	17. INFORMANT'S SIGNATURE OR NAME MRS. ANNA WHORTON	ADDRESS 200 EAST 79TH TERRACE KANSAS CITY MO.
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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) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 8 days
	. ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic Coronary Thrombosis		8 days
	DUE TO (c) None		4201
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3 PM 10-2-55, 1955, to 10-10, 1955, that I last saw the deceased alive on 9 AM 10-10, 1955, and that death occurred at 9:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE John W. Cashman (Degree or title)	23b. ADDRESS 535 Maple Bldg. K.C. Mo	23c. DATE SIGNED 10-10-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE OCT-12-1955	24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK CO. BRANSON	24d. LOCATION (City, town, or county) (State) MISSOURI
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DATE REC'D BY LOCAL REG. 10-12-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE M. H. Newcomer	ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.
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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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Jess T. Owens

Licensed Embalmer No. 44.....

P. O. Address.....
Thurman

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.