

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

No. 300
10-48

FILED MAR 13 1956

State File No. **4008**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **82**

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

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton, Mo.		c. CITY OR TOWN Columbia	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 21 Days		e. STREET ADDRESS (If rural, give location) 500 Locust	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #1, Fulton, Mo			

3. NAME OF DECEASED a. (First) Lee b. (Middle) WHITWORTH c. (Last) WHITWORTH (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) March 3, 1956.
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 19, 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Days 2	IF UNDER 1 Hrs. Min. 24
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Boone county, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME William Whitworth		13b. MOTHER'S MAIDEN NAME Melissa Omen		14. NAME OF HUSBAND OR WIFE D.K.	
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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. D.K.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records of State Hospital #1, Fulton, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
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) Asphyxia				minutes	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				minutes	
		DUE TO (b) Aspirated Food in Trachea and Bronchi. DUE TO (c) Arteriosclerosis				9217 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Arteriosclerosis				years	

19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 46				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) yes		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Aspirated food at		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fulton Callaway Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Aspirated Food.	

22. I hereby certify that I attended the deceased from Feb. 16, 1956, to March 2, 1956, that I last saw the deceased alive on March 2, 1956, and that death occurred at 7:30a. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Frank J. Nichols</i> (Degree or title) M.D.		23b. ADDRESS State Hospital #1, Fulton, Mo.		23c. DATE SIGNED Mar. 3, 1956
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24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE 3/3/56	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cm.		24d. LOCATION (City, town, or county) (State) Columbia, Missouri.	
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DATE REC'D BY LOCAL REG. Mar. 10-1956		REGISTRAR'S SIGNATURE <i>Martha Lawrence</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Memorial Funeral Home</i> Columbia	
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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.....
Lyman Brinkell

Licensed Embalmer No. *4013*

P. O. Address *Columbia*

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.