

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24306

State File No. \_\_\_\_\_

FILED AUG 1 - 1956

BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>3003</u>		Registrar's No. <u>85</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY OR TOWN <u>Monett</u>		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>800 Hillcrest</u>				e. STREET ADDRESS (If rural, give location) <u>800 Hillcrest</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Johnnie</u>			b. (Middle) <u>H.</u>		c. (Last) <u>Whorton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 27 56</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>3-5-1869</u>		9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Month <u>4</u> Days <u>12</u>	IF UNDER 24 HRS. Hour <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Horton, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Billie Whorton</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bolinger</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie Mae Whorton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Baul Whorton, Monett, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>  ANTECEDENT CAUSES DUE TO (b) <u>  </u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) <u>  </u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemiplegia</u>					INTERVAL BETWEEN ONSET AND DEATH. <u>7 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		491x		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7/5/56</u> , 19 <u>  </u> , to <u>7/27/56</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>7/26/56</u> , 19 <u>  </u> , and that death occurred at <u>  </u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank A. W. M.D.</u>				23b. ADDRESS <u>Monett Mo</u>		23c. DATE SIGNED <u>7/28/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-28-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kingston Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kingston, Ark.</u>		
DATE REC'D BY LOCAL REG. <u>7-28-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. P. D. Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dennis Williamson</u>		ADDRESS <u>Wash &amp; Williams</u>	

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

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BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 756-129

DATE REC. 7-30-56

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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 *[Signature]*, Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ray E. Williamson*

Licensed Embalmer No. 4883

P. O. Address Cassville

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.