No. 300
10.48

FILED JUL 16 1957

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

State File No. 23461

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 94

**1. PLACE OF DEATH**
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monett
c. LENGTH OF STAY (In this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Scroggins Nursing Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairview
d. STREET ADDRESS (If rural, give location): 0720

**3. NAME OF DECEASED** (Type or Print)
a. (First): Alice
b. (Middle):
c. (Last): Whittington

**4. DATE OF DEATH** (Month) (Day) (Year): July 10 1957

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Single
**8. DATE OF BIRTH**: Jan. 26 1895
**9. AGE** (In years last birthday): 62 — If under 1 year: Months 5, Days 14 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): None
**10b. KIND OF BUSINESS OR INDUSTRY**: None
**11. BIRTHPLACE** (City and State or Foreign Country): Oklahoma
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Henry Clay Whittington
**13b. MOTHER'S MAIDEN NAME**: Martha Bivin
**14. NAME OF HUSBAND OR WIFE**: None

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Mrs. Lola Stroud Fairview, Missour

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Decubital ulcers
DUE TO (c)

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 ☐ NO ☐

**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) m.
**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* 6/12/57 19__, *to* July 10, 1957, *that I last saw the deceased alive on* June 29, 1957, *and that death occurred at* 7:10 A. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Charles L. Moore D.O.
**23b. ADDRESS**: Prairie City Mo.
**23c. DATE SIGNED**: 7/11/57

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 7-12-57
**24c. NAME OF CEMETERY OR CREMATORY**: Mt. Olive Cem.
**24d. LOCATION** (City, town, or county) (State): Fairview, Mo. Rural

DATE REC'D BY LOCAL REG.: 7-13-57
REGISTRAR'S SIGNATURE: Mrs C. M. Cook
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: W. Morris Rogers Wheaton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

4

5170

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 757-121

DATE REC. 7-15-57

## 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 James Kenyth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton 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.