

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36870**

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>463</u>	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia			
d. FULL NAME OF HOSPITAL OR INSTITUTION 134 East Walnut				d. STREET ADDRESS (If rural, give location) 134 East Walnut			
3. NAME OF DECEASED (Type or Print)		a. (First) GRACE		b. (Middle) B.		c. (Last) WHITWORTH	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		4. DATE OF DEATH November 1, 1957	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		8. DATE OF BIRTH May 14, 1893		9. AGE (In years last birthday) 64	
11. BIRTHPLACE (State or foreign country) Caney, Kansas				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Samuel Renfro		13b. MOTHER'S MAIDEN NAME Katherine Allen		14. NAME OF HUSBAND OR WIFE D. C. Whitworth			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME D. C. Whitworth, Sedalia, Mo.			
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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic myocarditis DUE TO (b) Arteriosclerosis DUE TO (c) Paralysis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Paralysis				INTERVAL BETWEEN ONSET AND DEATH 1 week 2 years 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 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)		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 Sept 27, 1957 , to 11-1- , 1957, that I last saw the deceased alive on 11-1- , 1957, and that death occurred at 9:30 m., from the causes and on the date stated above.							
23a. SIGNATURE A. R. Maddox M.D. (Degree or title)				23b. ADDRESS Sedalia Mo		23c. DATE SIGNED 11-6-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/4/1957		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Mo.	
DATE REC'D BY LOCAL REG. 11-4-57		REGISTRAR'S SIGNATURE Frances Shelby		25. FUNERAL DIRECTOR'S SIGNATURE Devickart Sedalia, Mo ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

GILLESPIE FUNERAL HOME

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

AUG 7 1958

EMORY LABORATORY

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 Russell C. Maag

Licensed Embalmer No. 4804

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.