

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020216

FILED JUN 4 1959

Registration District No. 359 Primary Registration District No. 6222 Registrar's No. 8

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1-57

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moundville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Moundville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R # 1</u>		Length of stay in 1b <u>Life</u>	d. STREET ADDRESS (If outside, give location) <u>R # 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Paul</u> Middle <u>Dean</u> Last <u>Whitworth</u>			4. DATE OF DEATH Month <u>May</u> Day <u>22</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 17, 1922</u>	9. AGE (In years last birthday) <u>36</u>	IF FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Moundville, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Samuel A. Whitworth</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Grace Hendricks</u>	
13c. NAME OF HUSBAND OR WIFE <u>Jean T. Whitworth</u>		14. 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>497-30-2623</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>		17. INFORMANT <u>Mrs. Jean Whitworth</u>		Address <u>Moundville, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>malignant lymphoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>2002</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from <u>Jan 9, 1956</u> to <u>May 22, 1959</u> and last saw him alive on <u>May 21, 1959</u> Death occurred at <u>1:40 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Deacon or title) <u>Ray W. Evans Sr.</u>	22b. ADDRESS <u>Nevada, Mo.</u>	22c. DATE SIGNED <u>5/22/59</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/24/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Welborn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Moundville, Missouri</u>
24. FUNERAL DIRECTOR <u>Eichinger Funeral Home - Nevada, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-3-1959</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Ruth Jaitch</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Loco, color, arc, most use any standard nomenclature in item 10. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Percy F. Melater*
Licensed Embalmer No. *4805*
P. O. Address *Terre Haute, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.