

FILED VS. SEP 23 1959 *06*

Registration District No. *06* Primary Registration District No. *5744* Registrar's No. *46*

ENDED

1. PLACE OF DEATH a. COUNTY Madison				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Madison			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Castor Township		Length of stay in 1b years		c. CITY OR TOWN Castor Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME of dec'd in hospital, give location HOSPITAL OR INSTITUTION 13 Mi. N.E. of Fredericktown				d. STREET ADDRESS (If outside, give location) 13 Mi. N.E. of Fredericktown, Mo.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Emma Laura Middle Whitworth Last Whitworth				4. DATE OF DEATH Month September Day 15 , Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 27, 1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Madison County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Berry			13b. MOTHER'S MAIDEN NAME Mary Aggert			14. NAME OF HUSBAND (or name) G.H. Whitworth	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT Address William Hightower - Fredericktown, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Excision + Rehabilitation						1 mo.	
Conditions, if any, that gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) Cardiac Decompensation						6 mo.	
DUE TO (c) Arteriosclerotic Heart Disease						10 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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 7-10-59 10:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. and last saw her 9-14-59 and her 9-14-59 alive on							
22a. SIGNATURE <i>W.E. Blount</i> (Degree or title)				22b. ADDRESS Fredericktown, Mo.			22c. DATE SIGNED 9-16-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 18, 1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Gilead Cemetery		23d. LOCATION (City, town, or county) (State) Madison County, Missouri		
24. FUNERAL DIRECTOR <i>W. Adamson</i>		ADDRESS Fredericktown, Mo.		25. DATE RECD. BY LOCAL REG. 9-16-1959		26. REGISTRAR'S SIGNATURE <i>Baroness Fickel</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 1 1963

MAR 6 1963

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 Raymond B. Wilson

Licensed Embalmer No. 4884

P. O. Address Fredonia

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.