

## FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-039500

FILED VS NOV 24 1959

STATE FILE NUMBER

Registration District No. 098 Primary Registration District No. Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Davens</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lock Springs</u>		c. CITY OR TOWN <u>Chillicothe</u>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. V. 2 mi. N.W.</u>		d. STREET ADDRESS (If outside, give location) <u>427 Herriemast</u>	

3. NAME OF DECEASED (Type or print) First <u>GOLDIE</u> Middle <u>BELL</u> Last <u>WHORTON</u>		4. DATE OF DEATH Month <u>NOV</u> Day <u>13</u> Year <u>1959</u>	
5. SEX <u>Female</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>8/31/1901</u>
9. AGE (last birthday) <u>58</u>		10. IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11. BIRTHPLACE (City and state or country) <u>Gartman, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>William Pitts</u>		13b. MOTHER'S MAIDEN NAME <u>Ollie Shapley</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>		15. SOCIAL SECURITY NO. <u>none</u>	
16. NAME OF HUSBAND OR WIFE <u>J. W. Whorton</u>		17. ADDRESS <u>Rt. 3 Chillicothe 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>Shock</u> DUE TO (b) <u>Fracture of pelvis</u> DUE TO (c) <u>Femur &amp; tibia &amp; fibula</u>		INTERVAL BETWEEN ONSET AND DEATH
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 type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Automobile accident</u>	
20c. TIME OF INJURY Hour <u>7:30</u> p.m. Month <u>11</u> Day <u>13</u> Year <u>59</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	
20e. CITY, TOWN, OR LOCATION <u>Rt. 3 Lock Springs</u>		20f. COUNTY <u>Davens</u>	
20g. STATE <u>Mo</u>		20h. DATE <u>11/13/59</u>	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at <u>7:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>R. Baumgardner</u>		22b. ADDRESS <u>Coroner, Parsonsburg Mo</u>		22c. DATE SIGNED <u>11/13/59</u>
23a. BURIAL (Cremation, Removal) (Specify) <u>Burial</u>		23b. DATE <u>11-16-59</u>		23c. NAME OF CEMETERY <u>torrest Park</u>
23d. LOCATION (City, town, or county) <u>Chillicothe Mo</u>		23e. STATE <u>Mo</u>		
24. FUNERAL DIRECTOR <u>Norman Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>16 Nov. 1959</u>		26. REGISTRAR'S SIGNATURE <u>Vugum Engelhart</u>

(Licensed Embalmer's Statement on Reverse Side)

**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 \_\_\_\_\_

*John Polini*

Licensed Embalmer No. 5035

P. O. Address Chillicothe, 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.