ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028563
STATE FILE NUMBER

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT BY AFFIDAVIT OF

Registration District No. 49 Primary Registration District No. 5174 Registrar's No. 14

FILED AUG 22 1961

1. PLACE OF DEATH
a. COUNTY: Camden
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Adair — Length of stay in 1b: 42 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Climax Springs — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Camden
c. CITY OR TOWN: Climax Springs — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rural Route 1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Kelly Middle: Rufus Last: Whitworth
4. DATE OF DEATH: Month: Aug. Day: 12 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Sept. 14-86
9. AGE (last birthday): 75 — IF UNDER 1 YEAR: Months: 10 Days: 28 — IF UNDER 24 HR: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Camden County
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Jasper N. Whitworth
13b. MOTHER'S MAIDEN NAME: Cynthia Jackson
14. NAME OF HUSBAND OR WIFE: Estella Whitworth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
17. INFORMANT: Address: Elsie Whitworth, Climax Springs

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CHRONIC GRANULOCYTIC LEUKEMIA — INTERVAL BETWEEN ONSET AND DEATH: 18 MONTHS
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 4-4-60, to 7-15-61 and last saw him alive on 7-15-61
Death occurred at 5:00 p.m. 8-12-61 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A B Holley (Degree or title): M.D.
22b. ADDRESS: CAMDENTON, MO.
22c. DATE SIGNED: 8-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 15-61
23c. NAME OF CEMETERY OR CREMATORY: Climax Springs Cemetery
23d. LOCATION (City, town, or county) (State): Climax Springs, Mo.

24. FUNERAL DIRECTOR: Robert H. Reed, Camdenton, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: Aug 15-1961
26. REGISTRAR'S SIGNATURE: Alda Eldred

(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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton 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.