

STANDARD CERTIFICATE OF DEATH

State File No. 42359

FILED DEC 27 1951

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery</u>		0700
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			d. STREET ADDRESS (If rural, give location) <u>none</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Embry</u> c. (Last) <u>Whyte</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-5-51</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>12-20-1874</u>	9. AGE (In years last birthday) <u>76-II-15</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Callaway Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Whyte</u>		13b. MOTHER'S MAIDEN NAME <u>Georgia Smarl</u>	14. NAME OF HUSBAND OR WIFE <u>Edna V. Whyte</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Edna V. Whyte Montgomery City Mo</u>		
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) <u>Chronic Interstitial nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 yr</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Chronic myocarditis</u>				<u>15 yr</u>
	DUE TO (c) <u>Chronic arterio sclerosis</u>				<u>15 yr</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>442X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-17-44</u> , 19 <u>44</u> , to <u>12-5-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-5-51</u> , 19 <u>51</u> , and that death occurred at <u>10:00A.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Chas. Van Arsdale M.D.</u>			23b. ADDRESS <u>Montgomery City, Mo.</u>		23c. DATE SIGNED <u>12-7-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>12-7-51</u>	24c. NAME OF CEMETERY OR CREMATORIAL HOME <u>Montgomery City</u>	24d. LOCATION (City, town, or county) (State) <u>Montgomery City Mo</u>		
DATE REC'D BY LOCAL REG. <u>12/10/51</u>	REGISTRAR'S SIGNATURE <u>Bernice E. Wyatt</u>	434	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Hopkins Montgomery City Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

File No: _____
DISTRICT HEALTH OFFICE No. 4

DEC 20 1951

RECEIVED

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, ~~on~~ on the 5
day of December 1951

working under my personal supervision.

Student Embalmer No.

C. W. Hopkins

Signed C. W. Hopkins

Signed.....
Student Embalmer

Licensed Embalmer No. I 487

P. O. Address Montgomery City 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.