

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32230

State File No. _____

S. No. 300
V. 10-48

Filed OCT 6 1952

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5697 Registrar's No. 157

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

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Richhill Twp</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Chillicothe Twp</u>		0590
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles N.E. Chillicothe</u>			d. STREET ADDRESS (If rural, give location) <u>2 1/2 miles S.E. Chillicothe</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stephen</u> b. (Middle) <u>B.</u> c. (Last) <u>Wilhite</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 29, 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 29, 1867</u>	9. AGE (In years, last birthday) <u>85</u>	IF UNDER 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 (State or foreign country) <u>Chillicothe, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U-S</u>
13a. FATHER'S NAME <u>Thomas Clay Wilhite</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Evans</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth M. Wilhite</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no for unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jewell Miller; Chillicothe, 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>Cerebral Aneurysm</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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>331X</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) (Min.)		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>9-28</u> , 1952, to <u>9-29</u> , 1952, that I last saw the deceased alive on <u>9-28</u> , 1952, and that death occurred at <u>12:45A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>M. E. [Signature]</u>			23b. ADDRESS <u>Chillicothe Mo.</u>		23c. DATE SIGNED <u>9-29-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-30-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood</u>	24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-29-52</u>		REGISTRAR'S SIGNATURE <u>Frances B. Nail</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman Funeral Home; Chillicothe, Mo.</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
Student Embalmer

Signed: *Elton T. Aman*

Licensed Embalmer No. *4036*

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 this body is not embalmed, fact should be so stated above.