No. 300
10.48

FILED NOV 25 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37968

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5229 Registrar's No. 167

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

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pleasant Hill
c. LENGTH OF STAY (in this place): 5 min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7 Highway in Pleasant Hill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Polk) 5190
d. STREET ADDRESS (If rural, give location): 3 Miles S. E. Pleasant Hill

3. NAME OF DECEASED (Type or Print)
a. (First): LAFE
b. (Middle): FRANKLIN
c. (Last): WILMOTH

4. DATE OF DEATH (Month) (Day) (Year): 11-16-1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: 4-24-1898
9. AGE (In years last birthday): 54 — 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): farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Taswell Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Perry C. Wilmoth
13b. MOTHER'S MAIDEN NAME: Cora Lee Henry
14. NAME OF HUSBAND OR WIFE: divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 489-30-4458
17. INFORMANT'S SIGNATURE OR NAME: Dale Wilmoth — ADDRESS: Pleasant Hill, Mo.

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): Skull Fracture

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.

INTERVAL BETWEEN ONSET AND DEATH: D.O.A.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 019
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 7
21c. (CITY, TOWN, OR TOWNSHIP): near Pleasant Hill — (COUNTY): Cass — (STATE): Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11-16-52 8:45 P.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Hit by automobile

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 8:45 P m., from the causes and on the date stated above.*

23a. SIGNATURE: Gerard Zander (Degree or title): H.O.
23b. ADDRESS: Pleasant Hill, Mo
23c. DATE SIGNED: 11/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11-18-1952
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Hill Cem
24d. LOCATION (City, town, or county) (State): Pleasant Hill, Mo

DATE REC'D BY LOCAL REG.: Nov 20 1952
REGISTRAR'S SIGNATURE: Dora Barnard 457-4
25. FUNERAL DIRECTOR'S SIGNATURE: Allen Brounfield — ADDRESS: Pleasant Hill Mo

(Licensed Embalmer's Statement on Reverse Side)

JAN 13 1953

RECEIVED
NOV 22
CASS COUNTY
HEALTH DEPARTMENT

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 Allen Brownfield

Licensed Embalmer No. B785

P. O. Address Pleasant Hill, I

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.