

FILED SEP 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34801

State File No. 43

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY SULLIVAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SULLIVAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILAN	c. LENGTH OF STAY (In this place) 40 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILAN 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 1012 Main St.	

3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) ELIZABETH c. (Last) WILHITE			4. DATE OF DEATH (Month) (Day) (Year) SEPT 19 1953			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAR 4 1870	9. AGE (In years last birthday) 83	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) HOUSE KEEPING		10b. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE		11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME WM ALFRED ANTHONY	13b. MOTHER'S MAIDEN NAME SARAH ELIZABETH HART	14. NAME OF HUSBAND OR WIFE DANIEL E WILHITE
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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS AMANDA WILHITE MILAN

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition		10 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dehydration DUE TO (c) Chronic lymphatic leukemia		6 days known for 4 mo.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Senility, arteriosclerosis, splenomegaly, hepatomegaly, chronic cholecystitis, adenocarcinoma at recto sigmoid junction.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 2040		19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on **9-19**, 19**53**, and that death occurred at **12:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph E. Prior, D.O.	23b. ADDRESS 217 E. Second St., Milan, Mo.	23c. DATE SIGNED 9-21-53
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	24b. DATE SEPT 21 53	24c. NAME OF CEMETERY OR CREMATORY SCHROCK
24d. LOCATION (City, town, or county) (State) SULLIVAN Co. Mo		

DATE REC'D BY LOCAL REG. Sept 21 1953	REGISTRAR'S SIGNATURE Mrs. H. B. Harris	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Funeral Home Milan
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

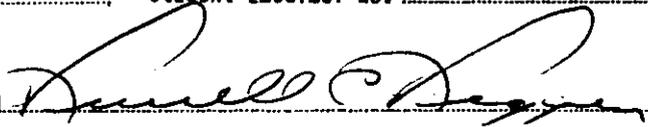
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 3292

P. O. Address Melan 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.