

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44984

State File No.

FILED DEC 28 1953

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 4553 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before institution). a. STATE MO. b. COUNTY WRIGHT	
b. CITY OR TOWN MANFIELD, MO.	c. LENGTH OF STAY (In this place) 45 Min	c. CITY OR TOWN MANES MO.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 9140
d. FULL NAME OF HOSPITAL OR INSTITUTION MANFIELD HOSPITAL		e. STREET ADDRESS (If rural, give location) WRIGHT COUNTY	
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) WILLHITE c. (Last) WILLHITE		4. DATE OF DEATH (Month) (Day) (Year) DEC. 11 1953	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 23, 1877
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	11. BIRTHPLACE (City and State or Foreign Country) WRIGHT COUNTY
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY FARMER	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME W.D. B. WILLHITE		13b. MOTHER'S MAIDEN NAME DELPHA JANE	14. NAME OF HUSBAND OR WIFE LOUISA OLIPHANT
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. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Addie Mitchell Manes 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion 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	20. 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 4-4-1953 , to 12-11-1953 , that I last saw the deceased alive on 12-11-1953 , and that death occurred at 3:38 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Miss P. M. Do		23b. ADDRESS Manes Mo.	23c. DATE SIGNED 12-17-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 14/53	24c. NAME OF CEMETERY OR CREMATORY Friendship	24d. LOCATION (City, town, or county) (State) Green Mountain Mo.
DATE REC'D BY LOCAL REG. 12/21/53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

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

1140

County File Number 12-26-83
Date Filed

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 *Paul Barber*

Licensed Embalmer No. 3848

P. O. Address *1111 1st*

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.