

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21940**

FILED JUN 21 1954

BIRTH NO. _____ REG. DIST. NO. **375** PRIMARY REG. DIST. NO. **6281** Registrar's No. **17**

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

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (Rural) Van Buren		c. CITY OR TOWN Green Mountain	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (If this place) Lifetime		e. STREET ADDRESS (If rural, give location) 11700	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 15 Miles North of Green Mtn.			

3. NAME OF DECEASED (Type or Print) a. (First) Louisa b. (Middle) Frances c. (Last) Willhite			4. DATE OF DEATH (Month) (Day) (Year) June 9 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1/9/1872	9. AGE (In years last birthday) 82	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Houseduties		11. BIRTHPLACE (City and State or Foreign Country) Wright County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Joseph Oliphant		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Joseph Willhite	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/> Yes		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (Hypostatic)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) Uremia UREMIA			
		DUE TO (c) Cardio-Renal-Vascular disease			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Fr. of Rt hip, 1 month ago			
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) (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 **May 4, 1954**, to **June 9, 1954**, that I last saw the deceased alive on **June 8, 1954**, and that death occurred at **4:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard C. Mitchell M.D.		23b. ADDRESS Mtn. Grove, Mo.		23c. DATE SIGNED 6-10-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/13/54		24c. NAME OF CEMETERY OR CREMATORY Green Mountain Cemetery	
		24d. LOCATION (City, town, or county) (State) Green Mountain, Missouri			

DATE REC'D BY LOCAL REG. 6-16-54		REGISTRAR'S SIGNATURE B. Garner		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. W. Bober Mtn. Grove, Mo.	
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RECEIVED JUN 19 1954
WRIGHT CO. HEALTH DEPT.
County File Number 654-66
Date Filed 6-19-54

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 *Rut Bork*.....

Licensed Embalmer No. 38
P. O. Address *Wright*.....

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.