

23640

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 21 1954

BIRTH NO. REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 258

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>322 Broadway</u>		d. STREET ADDRESS (If rural, give location) <u>322 Broadway</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dean</u> b. (Middle) <u>Clay</u> c. (Last) <u>Wilhoit</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 9, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>Sept 25, 1904</u>
9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u>14</u> Min.	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>grounds Keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>retired coast guard</u>	11. BIRTHPLACE (State or foreign country) <u>Holt, Mo.</u>	
13a. FATHER'S NAME <u>Luther Wilhoit</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hamilton</u>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes world war 2</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Hugh Wilhoit, Cincinnati, Ohio</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Brnary Thrombosis</u> ANTECEDENT CAUSES. <u>Arteriosclerosis</u> 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
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input checked="" 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 9, 1954</u> to _____, 19____, that I last saw the deceased alive on <u>July 9, 1954</u> and that death occurred at <u>12:54 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. W. Edwards</u>		23b. ADDRESS <u>104 Macon Mo.</u>	23c. DATE SIGNED <u>7/12/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>July 12, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Macon, Mo.</u>
DATE REC'D BY LOCAL REG. <u>July 13-54</u>	REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>	EMERALD OR REGISTAR'S SIGNATURE <u>R. Leslie Bran</u>	ADDRESS <u>Macon, Mo.</u>

(Licensed Embalmers' Statement on Reverse Side)

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

No. 300
10-48

0611

0611
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RECEIVED 7.19.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 7.54.121
Date Filed 7.20.54

JUL 26 1954

JUL 21 1954

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.

Signed R. Lester Brown

Signed _____
Student Embalmer

Licensed Embalmer No. 4472

P. O. Address Macon, 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.