

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31971

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3673 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u>		c. CITY OR TOWN <u>CHAFFEE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>40 YRS.</u>		e. STREET ADDRESS (If rural, give location) <u>208 HELEN 100/0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>208 HELEN AVE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>ELLIOT</u> c. (Last) <u>WILHITE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 12-1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>SEPT. 11-1893</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR: Months <u>0</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECTION HAND RAILROAD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>RECTOR ARK</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>NO RECORD</u>		13b. MOTHER'S MAIDEN NAME <u>NO RECORD</u>		14. NAME OF HUSBAND OR WIFE <u>AGNES WILHITE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>FIRST WORLD WAR</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Agnes Wilhite - Chaffee Mo.</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 CARDIAC DECOMPENSATION 3 DAYS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MYOCARDIOSIS, ARTERIOSCLEROSIS 5 YRS</u> DUE TO (c) <u>4221</u>			INTERVAL BETWEEN ONSET AND DEATH
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CARDIOVASCULAR RENAL DISEASE, HYPOSTATIC PNEUMONIA - 3 DAYS</u>			

19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NATURAL</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		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, 1952, to SEPT, 1955, that I last saw the deceased alive on 9-12, 1955 and that death occurred at 11:30 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. G. Mosebach, D.O.</u>		23b. ADDRESS <u>Chaffee, MO</u>		23c. DATE SIGNED <u>9-14-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>SEPT. 14-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNION PARK</u>	
				24d. LOCATION (City, town, or county) (State) <u>CHAFFEE MO</u>	

DATE REC'D BY LOCAL REG. <u>9-28-55</u>		REGISTRAR'S SIGNATURE <u>Mrs Fred Rappaport</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm Stubbs - CHAFFEE MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED SEP 30 1955

SCOTT CO. HEALTH DEPT.

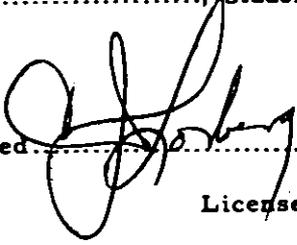
CO. FILE No. 955-~~54~~208

OCT 25 1955

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 

Licensed Embalmer No. 3814
P. O. Address Cape Girardeau

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.