FILED MAR 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4220
STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Dunklin County Hosp. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dunklin
c. CITY OR TOWN Holcomb 0350 0 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Rural Route 1 — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First IDA Middle THIRSTON Last WILHITE
4. DATE OF DEATH Month Feb. Day 19 Year 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb. 22 1898
9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR Months 11 Days 27 — 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
11. BIRTHPLACE (City and state or country) Model, Tennessee
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Blane
14. MOTHER'S MAIDEN NAME Emma Morgan Crisp
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Jack Wilhite Address Bernie, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Malignant hypertension — 4 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO XX
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from August, 1955, to February 19, 1957 and last saw her/him alive on Feb. 19, 1957
Death occurred at 8:30p.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George O. Dunnure MD (Degree or title)
22b. ADDRESS Kennett, Missouri
22c. DATE SIGNED 2/27/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb. 21 1957
23c. NAME OF CEMETERY OR CREMATORY Stanfield Cemetery
23d. LOCATION (City, town, or county) (State) Clarkton Missouri

24. FUNERAL DIRECTOR ADDRESS Landess Funeral Home Campbell, Mo.
25. DATE RECD. BY LOCAL REG. 2-28-1957
26. REGISTRAR'S SIGNATURE Earl Husband

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Part I must be casually related. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 3-4-57
COUNTY FILE NUMBER 357-

MAR 22 1957

MAR 19 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Christina M. Landers

Licensed Embalmer No. 4-2

P. O. Address Campb

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING., (
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.