

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001148

STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 5542 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY - Howard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Highway 124 Boone, Tenn. Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hi. 124 Howard Co. 20 min. Length of stay in 1b
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Harrisburg Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Perche Twp. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
JOHN BARNIE WILHITE
4. DATE OF DEATH Month Day Year
FEB. 1, 1959
5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH Sept. 1, 1911 9. AGE (In years last birthday) 47 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) Carpenter 10b. KIND OF BUSINESS OR INDUSTRY self employed 11. BIRTHPLACE (City and state or country) Boone County, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Everet Wilhite 13b. MOTHER'S MAIDEN NAME Caldonia Gibson 14. NAME OF ~~husband~~ OR WIFE Dessie House

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. 486-12-6012 17. INFORMANT Address Mrs John B. Wilhite Harrisburg, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute coronary occlusion 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) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) H201 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT 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
c 45

21. I attended the deceased from Feb 1 - 59 to Feb 1 - 59 and last saw him alive on Feb 1 - 59
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John J. Shaw M.D. (Degree or title) 22b. ADDRESS Fayette, Mo 22c. DATE SIGNED 2-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 2/3/1959 23c. NAME OF CEMETERY OR CREMATORY Harrisburg Cemetery 23d. LOCATION (City, town, or county) (State) Harrisburg, Missouri

24. FUNERAL DIRECTOR Ralph A. Carr ADDRESS Fayette, Mo. 25. DATE RECD. BY LOCAL REG. 2-3-59 26. REGISTRAR'S SIGNATURE Mary K. Shell

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57-3

HEU FEB 13 1959

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, ~~only~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Ralph A. Cass

Licensed Embalmer No. 3340

P. O. Address Jayette, M

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.