

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002389

STATE FILE NUMBER

FILED JAN 19 1959

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia				c. CITY OR TOWN Sedalia		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 311 West 7th St				Length of stay in lb 57 years		d. STREET ADDRESS (If outside, give location) 311 West 7th St.	
3. NAME OF DECEASED (Type or print) FLAVIUS C. WILHITE				4. DATE OF DEATH Month January Day 17 Year 1959			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH Aug. 27, 1887	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 0 Days 4 Hours 0 Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Locomotive Engineer		11. BIRTHPLACE (City and state or country) Centertown, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Adison Wilhite		13b. MOTHER'S MAIDEN NAME Mary McKinney		14. NAME OF HUSBAND OR WIFE Nena Wilhite	
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.		17. INFORMANT Address Mrs. Nena Wilhite, Sedalia, Missouri			
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 Occlusion DUE TO (b) Hypertension DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201						INTERVAL BETWEEN ONSET AND DEATH	
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 3:00 a.m. PM Month, Day, Year				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 MO STATE			
21. I attended the deceased from June 58 to Jan 17 59 and last saw him alive on Jan 15 1959 Death occurred at 3:00 A. on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE E. S. Smalley (Degree or title)			
22b. ADDRESS Sedalia MO				22c. DATE SIGNED 1/18.59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 19 Jan 1959		23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
24. FUNERAL DIRECTOR D. W. HECKART ADDRESS Sedalia, Missouri				25. DATE RECD. BY LOCAL REG. Jan 18-1959		26. REGISTRAR'S SIGNATURE Frances Shelby	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. All diseases in Part I must be causally related.

JAN 26 1959

JAN 27

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 D. L. Shaffer

Licensed Embalmer No. 5063....

P. O. Address Adalia

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.