

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014435
STATE FILE NUMBER

FILLED APR 29 1959

Registration District No. 282 Primary Registration District No. Registrar's No. 52

300
1-57

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bolivar "Rural" Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Walnut Grove Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Peasant View Nursing Home Length of stay in lb		d. STREET ADDRESS (If outside, give location) 0390 R.R.# 3 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Thomas S. Willhite			4. DATE OF DEATH Month Day Year April 17, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 20, 1875
9. AGE (In years ^{at} birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	11. BIRTHPLACE (City and state or country) Walnut Grove, Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Self	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Conway Willhite		13b. MOTHER'S MAIDEN NAME Louisa Chandler	14. NAME OF HUSBAND OR WIFE Kathleen Willhite
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. 495-70-6514	17. INFORMANT Address Kathleen Willhite, Walnut Grove, 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 heart failure DUE TO (b) Chronic myocarditis DUE TO (c) Generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 1 day 6 wks. ?
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4221	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 2/1/59 to 4-17-59 and last saw her alive on 4-10-59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) S. McLean MD		22b. ADDRESS Bolivar Mo	
22c. DATE SIGNED 4/17/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-19-59	23c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY
23d. LOCATION (City, town, or county) Walnut Grove, Mo.		(State)	
24. FUNERAL DIRECTOR Brim-Daniel		ADDRESS Walnut Grove, Mo.	25. DATE RECD. BY LOCAL REG. April 24, 1959
26. REGISTRAR'S SIGNATURE Ralph Gordon perquell <i>Gordon</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Ray R. Ireland*

Licensed Embalmer No. *5057*

P. O. Address *Walnut Grove, Ill.*

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.