

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-001174

FILED VS. JAN 18 1960 / 28

Primary Registration District No. 2000

Registrar's No. 35

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Greene		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		a. STATE Missouri		b. COUNTY Greene	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		Length of stay in lb Life		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 649 South Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
First Roy		Middle ----		Last Wilhoit		Month Day Year January 9 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-2-1878	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fruit grower		10b. KIND OF BUSINESS OR INDUSTRY Fruit (Apples)		11. BIRTHPLACE (City and state or country) Nichols Jct., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Wilhoit			13b. MOTHER'S MAIDEN NAME Nannie Rowntree			14. NAME OF HUSBAND OR WIFE Deceased	
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. 491-05-3351A		17. INFORMANT Address John Wilhoit-618 Euclid-Carthage Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH SEVERAL DAYS.	
IMMEDIATE CAUSE (a) INFARCTION OF MYOCARDIUM							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) ANEMIOSCLEROTIC CORONARY THROMBOSIS					
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <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 Month, Day, Year a.m. 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 12-24-59 to 1-9-60 and last saw him alive on 1/9/60 Death occurred at 2:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Glenn O. Turner M.D.				22b. ADDRESS 609 Cherry-Springfield, Mo.		22c. DATE SIGNED 1-11-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-12-1960	23c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery		23d. LOCATION (City, town, or county) (State) Springfield Missouri			
24. FUNERAL DIRECTOR ADDRESS Rex Rainey Springfield, Mo.			25. DATE RECD. BY LOCAL REG. 1-15-60		26. REGISTRAR'S SIGNATURE Effie S. Meeter		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 2

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield

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.