

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012171

FILED VS MAR 25 1960

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 79

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>				
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u>		Length of stay in 1b		c. CITY OR TOWN <u>Moberly</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wabash Employes' Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>418 S. 5th St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM SAMUEL WILHITE</u>				4. DATE OF DEATH Month Day Year <u>March 13, 1960</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5/9/1872</u>	9. AGE (last birthday) <u>87</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oilier - Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash RR Company</u>		11. BIRTHPLACE (City and state or country) <u>Manard County, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Charles Wilhite</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Combs</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-05-9228</u>		17. INFORMANT Address <u>C. S. Wilhite, Moberly, Missouri</u>				
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	
IMMEDIATE CAUSE (a) <u>Uremia</u>							Hours (?)	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Adynamic ileus</u>							Days(?)	
DUE TO (c) <u>Infirmities</u>							Years(?)	
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 type="checkbox"/> NO <input checked="" 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 <u>March 7, 1960</u> to <u>March 13, 1960</u> and last saw him ^{EX} alive on <u>March 13, 1960</u> Death occurred at <u>7:30 P. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D. K. McMurtry, M.D., Surgeon in Charge</u>				22b. ADDRESS <u>Wabash Employes' Hospital Moberly, Missouri</u>			22c. DATE SIGNED <u>3/14/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3/15/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		23d. LOCATION (City, town, or county) <u>Moberly, Missouri</u>			(State)
24. FUNERAL DIRECTOR <u>Mahan Funeral Service</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>3-15-60</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 25 1960

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 John A. Green

Licensed Embalmer No. 3815

P. O. Address Mexico

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.