

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-61-028043

STATE FILE NUMBER

Dept. Health,
Educ., & Welfare
U. S. Public
Health Service

FILED JUL 17 1961

Registration District No. 387 Primary Registration District No. 4477 Registrar's No. 40

V. S. 300
Rev. 1-57

1020

1. PLACE OF DEATH a. COUNTY Shelby			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbina, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Shelbina, 10202		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION East Beech St.		Length of stay in 1b 8 years	d. STREET ADDRESS East Beech St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Walter Middle Carl Last Willhoit			4. DATE OF DEATH Month 7 Day 7 Year 1961			
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 July 3, 1888	9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 0 Days 4 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 Retired	11. BIRTHPLACE (City and state or country) Shelby County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Edwin Willhoit		13b. MOTHER'S MAIDEN NAME Carrie M. Upton		14. NAME OF HUSBAND OR WIFE Mrs. Vinnie Willhoit		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			17. INFORMANT Address Mrs. Vinnie Willhoit Shelbina, 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) Carcinoma of prostate					INTERVAL BETWEEN ONSET AND DEATH 8 months	
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. } DUE TO (b) _____ DUE TO (c) _____					177X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 _____ a.m. _____ p.m. _____						
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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	
21. I attended the deceased from Dec 1960 to present and last saw him alive on July 7, 1961 Death occurred at 7 P. on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Chas A Pichley MD			22b. ADDRESS Shelbina, Mo.		22c. DATE SIGNED 7/10/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-9-1961	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.		23d. LOCATION (City, town, or county) Shelbina, Missouri (State)		
24. FUNERAL DIRECTOR Markelew & Davis Shelbina, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. July 15 '61	26. REGISTRAR'S SIGNATURE Ada Garrison			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

The funeral director is responsible for the proper completion of the entire certificate. This includes securing the medical certification in the specific manner required by 193.140 MoRS 1949. 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.

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 *James O. Davis*

Licensed Embalmer No. *4478*
P. O. Address *Shelton, Mo.*

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.

me,

ply