

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 20 1949

Registrar's No. 35

BIRTH NO.		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 4138		Registrar's No. 35	
1. PLACE OF DEATH a. COUNTY <i>Clinton</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Clinton</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Lathrop</i>		c. LENGTH OF STAY (in this place) <i>4 1/2 yrs.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Lathrop</i>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <i>ROSA</i>			b. (Middle) <i>L.</i>		c. (Last) <i>DIVINIA</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>JUNE 4 1949</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>5-15-1869</i>	9. AGE (in years last birthday) <i>80</i>	10. MONTHS <i>0</i>	11. DAYS <i>19</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Clinton County Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>Henry E. Wilhoit</i>			13b. MOTHER'S MAIDEN NAME <i>Margaret M. Coker</i>		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) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Edna Rogers Kiddle, Mo.</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Cerebral Hemorrhage</i> ANTECEDENT CAUSES <i>Hypertension</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <i>331X</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>July 30, 1949</i> to <i>June 4, 1949</i> , that I last saw the deceased alive on <i>July 3, 1949</i> and that death occurred at <i>6:45 A.M.</i> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <i>W. Longfield M.D.</i>				23a. ADDRESS <i>Lathrop, Mo.</i>		23c. DATE SIGNED <i>6/6/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>6-5-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Lathrop Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Lathrop, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>6-8-49</i>		REGISTRAR'S SIGNATURE <i>Winifred W. Mosero</i>		390 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>DeMoss CRUNK Cameron Mo</i>			

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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.

Signed..... *Harold L. Walker*

Signed.....
Student Embalmer

Licensed Embalmer No. *4588*

P. O. Address *Pathros, 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 this body is not embalmed, fact should be so stated above.