

FILED JUL 6 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. L. Low 22341
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>98</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. LENGTH OF STAY (in this place) (township) <u>3 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Horton, Mo</u>		108	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>Birdie Lee Wilhoite</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>June 23-1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>3-24-84</u>	
9. AGE (In years last birthday) <u>65</u>		10. MONTHS <u>2</u>		11. DAYS <u>29</u>		12. IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS, OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Richhart, Mo - 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.C.</u>	
13a. FATHER'S NAME <u>J. B. Shaw</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Susan Riddle</u>			14. NAME OF HUSBAND OR WIFE <u>James Wilhoite</u>	
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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. James Wilhoite Horton, Mo</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension & Myocarditis - Don't Know</u>					
		DUE TO (c) <u>✓</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>					<u>4/4/49</u>
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>March 23, 1949</u> , to <u>June 23, 1949</u> , that I last saw the deceased alive on <u>June 22, 1949</u> , and that death occurred at <u>6 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. R. Love M.D. 0</u>				23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>June 25/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Richhart Beach - Richhart, Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Richhart, Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 1, 1949</u>		REGISTRAR'S SIGNATURE <u>Wathyne H. Yarnes 331</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marcel Eichinger, Nevada, Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 7
District File Number 6-49-79
Date Filed 7-5-49

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
Student Embalmer

Signed Mark E. Eubank
Licensed Embalmer No. 2656

P. O. Address Merida, 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.