

FILED AUG 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23431

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 32

461
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains.	
d. FULL NAME OF HOSPITAL OR INSTITUTION residence		d. STREET ADDRESS (If rural, give location) 418 W. Broadway	

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) JEFFERSON c. (Last) WHITMIRE			4. DATE OF DEATH (Month) (Day) (Year) July 30, 1950			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 17, 1856	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant & Ins. Agt.		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (State or foreign country) Sullivan, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Nathan Whitmire	13b. MOTHER'S MAIDEN NAME Mary A. Sullivan	14. NAME OF HUSBAND OR WIFE Jemima Massey Whitmire
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Agnes Garness, W.Plains, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 wk. 10 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		332X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 **2-26, 1949**, to **7-30, 1950**, that I last saw the deceased alive on **7-28, 1950**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. J. Callihan M. D. (Degree or title)	23b. ADDRESS West Plains, Mo.	23c. DATE SIGNED 8-1-50
--	--------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 1, 1950	24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	24d. LOCATION (City, town, or county) (State) West Plains, Mo.
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. 8-3-50	REGISTRAR'S SIGNATURE Beatrice Cook	379	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hal Shoultz, W. Plains, Mo.
--	--	-----	---

RECEIVED
AUG 7 1950

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED
Dist. File 850-936
Date Filed 8-7-50

APR 11 1951

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 Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address W. Plains, Md

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.