

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15917

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 60 PRIMARY REG. DIST. NO. 5235 Registrar's No. 7

0200  
1

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>CEDAR</u>		a. STATE <u>MO.</u> b. COUNTY <u>Cedar</u>	
b. CITY OR TOWN <u>RURAL Jerico</u>		c. CITY OR TOWN <u>Jerico Springs MO</u>	
c. LENGTH OF STAY (in this place) <u>15 yrs.</u>		d. STREET ADDRESS <u>0200</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF INSTITUTION, give street address of location	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>LAURA</u>	b. (Middle) <u>M.</u>	c. (Last) <u>WILLHOITE</u>	<u>APR 16 51</u>		

5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr 15, 1877</u>	9. AGE (In years last birthday) <u>73</u>		if UNDER 1 YEAR Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Vernon Co. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Jesse Freeman</u>		13b. MOTHER'S MAIDEN NAME <u>Angeline Rice</u>		14. NAME OF HUSBAND OR WIFE <u>Tom Willhoite</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ora Faulkner Miller</u>			
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			MEDICAL CERTIFICATION <u>Lobar Pneumonia</u> <u>Virus Sublymna</u>	INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	ANTECEDENT CAUSES				
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
DUE TO (b)			DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS : Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on Apr 16, 1951, and that death occurred at 12 Am., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Sheldon M.P.</u>		23b. ADDRESS <u>Sheldon</u>		23c. DATE SIGNED <u>4-17-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 18-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brusher</u>		24d. LOCATION (City, town, or county) (State) <u>Jerico Springs MO</u>	
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DATE REC'D BY LOCAL REG. <u>April 20</u>		REGISTRAR'S SIGNATURE <u>Mrs. Cecelia Ellis</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. Gerald Beery Sheldon MO</u>	
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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JUN 5 1951

Dist. File 651-9221

Date Filed 6-5-51

1961 9 708

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 L. Gerald Beery

Licensed Embalmer No. 4203

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 this body is not embalmed, fact should be so stated above.