

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34391

State File No. ....

FILED NOV 5 1951

BIRTH NO.		REG. DIST. NO. <u>217</u>	PRIMARY REG. DIST. NO. <u>3045</u>	Registrar's No. <u>76</u>
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>		
c. LENGTH OF STAY (In this place) <u>Sev. Years</u>		d. STREET ADDRESS (If rural, give location) <u>South 5th St. Charleston, Mo</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res. Eddie Wilmurth S. 5th St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ed</u> b. (Middle) c. (Last) <u>Wilmurth</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October, 4, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>September, 28, 1878</u>	9. AGE (In years last birthday) <u>78</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Clinton, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William Wilmurth</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline Stroud</u>	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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eddie Wilmurth, Charleston, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u> ANTECEDENT CAUSES DUE TO (b) <u>Senility</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
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) (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 <u>June</u> , 19 <u>51</u> , to <u>Oct 3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Oct 3</u> , 19 <u>51</u> , and that death occurred at <u>11:05A.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>C. C. Drannel, M.D.</u>		23b. ADDRESS <u>Charleston, Mo.</u>		23c. DATE SIGNED <u>10-12-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/5/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-26-1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. L. E. Kilgore</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss M. E. Furr</u> ADDRESS <u>48 Minnie Lee funeral chapel, Charleston, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed **NOV 2** REC'D

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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.

Student \_\_\_\_\_  
Student Embalmer

Signed Edward E. [Signature]

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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. . . . .

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