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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 14 1952

State File No. 32381

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 102

1. PLACE OF DEATH
a. COUNTY: NEWTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEOSHO
c. LENGTH OF STAY (In this place): 10 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SALE MEMORIAL HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: OKLA.
b. COUNTY: OTTAWA.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CARDIN 8350
d. STREET ADDRESS (If rural, give location): CARDIN

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): M.
c. (Last): WILLHITE

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 30 - 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: SEPT. 23-1864
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months -, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RAILROAD WORKER
10b. KIND OF BUSINESS OR INDUSTRY: FRISCO RAILROAD
11. BIRTHPLACE (State or foreign country): HIGHLANDVILLE - MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: FATE WILLHITE
13b. MOTHER'S MAIDEN NAME: ADLINE STEWART
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Ethyl Lawrence - Cardin - Okla. ADDRESS

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): CHRONIC NEPHRITIS — INTERVAL BETWEEN ONSET AND DEATH: 1 YEAR

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): CARDIORENAL VASCULAR DIS. — 10 YEARS
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: 442X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 SEPT, 1952, *to* 30 SEPT, 1952, *that I last saw the deceased alive on* 30 SEPT, 1952 *and that death occurred at* 4 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. Z. Taylor MD
23b. ADDRESS: Neosho Mo
23c. DATE SIGNED: 30 Sept 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4
24b. DATE: 9/30/52
24c. NAME OF CEMETERY OR CREMATORY: Spokane
24d. LOCATION (City, town, or county) (State): Spokane, Mo.

DATE REC'D BY LOCAL REG.: 10-2-52
REGISTRAR'S SIGNATURE: Melvin C. Bowman M.D. 223-1
25. FUNERAL DIRECTOR'S SIGNATURE: Paul Thomas - Fisher, Okla. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

NEWTON COUNTY HEALTH UNIT

RECEIVED

District Health Officer No.

District File Number 1052-196

Date Filed OCT 10 1952

NEOSHO, MISSOURI

V 17 1952

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 Paul Thomas

Signed _____
Student Embalmer

Licensed Embalmer No. 1244

P. O. Address Picher Okla

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.