

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28092**

FILED **AUG 24 1953**

BIRTH NO. _____		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 5301		Registrar's No. 71	
1. PLACE OF DEATH a. COUNTY GRINTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY GRINTON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Shoak		c. LENGTH OF STAY (In this place) 3 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameroon 0251		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED (Type or Print) a. (First) Lulu b. (Middle) pearl c. (Last) Wilhoit		4. DATE OF DEATH (Month) (Day) (Year) 7-30-1953			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Jan. 9-1884	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) KIDDER - MO.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Charles E. Saxton		13b. MOTHER'S MAIDEN NAME Mary F. Copeland		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. 487-071950		17. INFORMANT'S SIGNATURE, OR NAME Wilbur Wilhoit		ADDRESS Gower, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure ANTECEDENT CAUSES Due to (b) Chronic myocarditis Due to (c) Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 0 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 July 5, 1952 , to June 30, 1953 , that I last saw the deceased alive on June 30, 1953 , and that death occurred at 6:00 p.m. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wilbur Wilhoit				23b. ADDRESS Cameroon, MO		23c. DATE SIGNED 8-1-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-2-53		24c. NAME OF CEMETERY OR CREMATORY ESTEP CEMETERY		24d. LOCATION (City, town, or county) (State) Cameroon MO	
DATE REC'D BY LOCAL REG. 8-18-53		REGISTRAR'S SIGNATURE Winifred W. Moser		25. FUNERAL DIRECTOR'S SIGNATURE Be Moss		ADDRESS CRUNK Cameroon, MO	

0250
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Lester E. Bunk*

Licensed Embalmer No. *2533*

P. O. Address *Cameron 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.