

FILED OCT 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37973

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>6084</u>		Registrar's No. <u>196</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. LENGTH OF STAY (In this place) <u>Blackswaters</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural-Blackwater</u>		<u>0920</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 Mi Southwest-Marshall Junct.</u>				d. STREET ADDRESS (If rural, give location) <u>1 1/2 Mi. Southwest-Marshall Junct.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Murray</u> c. (Last) <u>Wilhite</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16 1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 23-1873</u>	
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming on Own Farm-General</u>		11. BIRTHPLACE (State or foreign country) <u>Blue Lick, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Napoleon S. Wilhite</u>		13b. MOTHER'S MAIDEN NAME <u>Frances S. Henderson</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Driskell Wilhite</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. James M. Wilhite-Hustonia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, broncho-left</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral asphyxy</u> DUE TO (c) <u>General arteriosclerosis</u> 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>2 days</u> <u>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>				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)		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>12 Oct 1953</u> , to <u>15 Oct 1953</u> that I last saw the deceased alive on <u>15 Oct 1953</u> , and that death occurred at <u>8:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ralph H. Jones M.D.</u>				23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED <u>16 Oct 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/18/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hazel Grove</u>		24d. LOCATION (City, town, or county) (State) <u>1 1/2 Mi. Southwest of Marshall, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 17-1953</u>		REGISTRAR'S SIGNATURE <u>Disney T. Gray</u>		585- 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lealia Hussey-Marchal</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

0920

