

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9657

State File No.

BIRTH NO. FILED APR 15 1954 REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5962 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Marshall Township</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eva</u> b. (Middle) <u>Wilhite</u> c. (Last) <u>Field</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-10-54</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	
8. DATE OF BIRTH <u>March 1, 1872</u>		9. AGE (In years last birthday) <u>82</u>		10. UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) <u>Saline Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY?			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>			

13a. FATHER'S NAME <u>Abner Wilhite</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Ann Cott</u>		14. NAME OF HUSBAND OR WIFE <u>R. A. Field</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. D. C. Lamar Weston, Missouri</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p><i>*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></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>				<u>5 yrs.</u>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Coronary insufficiency</u>				<u>5 yrs.</u>	
DUE TO (c) <u>Senile debility</u>				<u>6 yrs.</u>			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic rheumatoid arthritis</u>				<u>6 yrs.</u>	

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>XXXXXXXX</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXXXX</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXX</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Weston Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXXXXXXX</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>XXXXXX</u>	

22. I hereby certify that I attended the deceased from Apr 1, 1954, to Apr 10, 1954, that I last saw the deceased alive on Apr 9, 1954, and that death occurred at 2-45 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lewis C. Calvert M.D.</u>		23b. ADDRESS <u>Weston, Missouri</u>		23c. DATE SIGNED <u>4/11/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-13-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>4-11-1954</u>		REGISTRAR'S SIGNATURE <u>Alphia Rollins 257</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Vaughn Funeral Home Weston, Mo.</u>	
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No. 300
10.48
830
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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.