

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12185

State File No.

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6281 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Van Buren Twp.</u> c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY OR TOWN <u>Green Mtn.</u> d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural-Van Buren Twp</u>		e. STREET ADDRESS (If rural, give location) <u>Van Buren Township</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SIMPSON</u> b. (Middle) <u>PERKINS</u> c. (Last) <u>WILLHITE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 4, 1956</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>March 14, 1884</u>		9. AGE (In years) <u>71</u>		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>Farmer (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Rayborn, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Geo. William Willhite</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Wiles</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Brewse Willhite</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Willhite</u>		18. ADDRESS <u>Green Mountain, Mo</u>		19. _____	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Hemerulophthia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 das</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>Chronic Bladder Obstruction</u>		<u>30 das</u>	
		DUE TO (c) <u>Chronic Prostatitis</u>		<u>90 das</u>	
11. 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 _____	
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) <u>610X</u>		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>Jan 10, 1956</u> , to <u>March 4, 1956</u> , that I last saw the deceased alive on <u>Feb 1, 1956</u> , and that death occurred at <u>4 2 m.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Geo. Whiskey, D.O.</u>	
23b. ADDRESS <u>Mtn. Grove, Mo.</u>		23c. DATE SIGNED <u>3-5-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3/7/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Mtn. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Green Mountain, Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-15-56</u>		REGISTRAR'S SIGNATURE <u>E. Garner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. W. Barber</u> ADDRESS <u>Mtn Grove, Mo</u>	

STATE OF MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH
1938

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.....
Signature of Student Embalmer

Signed *George Shapp*.....

Licensed Embalmer No. *316*.....

P. O. Address *Mt. Vernon, Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.