

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **754**

No. 300

10.48

FILED JAN 28 1957

BIRTH NO. _____ REG. DIST. NO. **88** PRIMARY REG. DIST. NO. **5330** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural- Osage		c. CITY OR TOWN Dillard	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 65 yrs		e. STREET ADDRESS (If rural, give location) 2 mi South Dillard	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dillard Mo			

3. NAME OF DECEASED (Type or Print) a. (First) Ila b. (Middle) Emaline c. (Last) Wilhite	4. DATE OF DEATH (Month) (Day) (Year) Jan 17 1957
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 24 1891	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work if outside of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and State or Foreign Country) Crawford, Co Mo	12. CITIZEN OF WHAT COUNTRY? U S
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13a. FATHER'S NAME Jesse Turnbough	13b. MOTHER'S MAIDEN NAME Ollie Gillam	14. NAME OF HUSBAND OR WIFE Wm Arthur Wilhite
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Wm Arthur Wilhite	ADDRESS Dillard Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Degeneration		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Osteoarthritis		5 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **March, 1954**, to **Jan. 17, 1957**, that I last saw the deceased alive on **Jan. 15, 1957**, and that death occurred at **3:25A m.**, from the causes and on the date stated above.

23a. SIGNATURE Russell Brand, M.D.	(Degree or title) D	23b. ADDRESS Owensville, Mo.	23c. DATE SIGNED 1-18-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-19-57	24c. NAME OF CEMETERY OR CREMATORY Dillard Cem	24d. LOCATION (City, town, or county) (State) Dillard Crawford Co Mo
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DATE REC'D BY LOCAL REG. 1/25/57	REGISTRAR'S SIGNATURE Mrs. Hazel Leckies	25. FUNERAL DIRECTOR'S SIGNATURE Carl K. Jensen	ADDRESS Salem Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

505

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..... *Paul H. Jensen*

Licensed Embalmer No. *2370*

P. O. Address *Salem, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.