

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028877
STATE FILE NUMBER

FILED SEP 15 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 865

300
1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield, ⁰³⁹⁶ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		Length of stay in 1b 55 years	d. STREET ADDRESS (If outside, give location) 903 S. Weller
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Della Middle Crigler Last Wilhoit			4. DATE OF DEATH Month September Day 4 Year 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 2, 1861	9. AGE (In years last birthday) 97	IF UNDER 1 YEAR Months 0 Days 2	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY In Home	11. BIRTHPLACE (City and state or country) Hebron, Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Albert Crigler	13b. MOTHER'S MAIDEN NAME Adelaide Potter	14. NAME OF HUSBAND OR WIFE E. M. Wilhoit
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT Miss Edna Wilhoit	Address Springfield, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture, left hip		INTERVAL BETWEEN ONSET AND DEATH 9 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 9030 DUE TO (c) 20		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Slipped and fell on floor at home
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20c. TIME OF INJURY 4:40 ^{2050X} Hour 4:40 Month 8 Day 26 Year 58 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In the home	20f. CITY, TOWN, OR LOCATION Springfield, Greene, Missouri
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21. I attended the deceased from 8-26-50 to 9-4-58 and last saw her/him alive on 9-3-58 Death occurred at 6 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Don Silsby</i> (D, degree or title)	22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED 9/5/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 6, 1958	23c. NAME OF CEMETERY OR CREMATORY Maple Park	23d. LOCATION (City, town, or county) (State) Springfield, Missouri
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24. FUNERAL DIRECTOR <i>Rayman - Schuyler F. Home</i> Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 9-9-58	26. REGISTRAR'S SIGNATURE <i>Effie G. Melton</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. No symptoms will be listed. Vector, coroner, etc. must use only standard nomenclature in item 1b.

NOV 21 1958

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 *L. Doolin Gorman*

Licensed Embalmer No. *3177*
P. O. Address *Springfield*

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.