

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039518

STATE FILE NUMBER

FILED DEC 1 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1128

1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Ava,</u>		c. CITY OR TOWN <u>340</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns</u>		Length of stay in lb <u>13da</u>		d. STREET ADDRESS (If outside, give location) <u>Route 3,</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>James A.</u> Middle <u>Dewhirst</u> Last <u>Dewhirst</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>22</u> Year <u>1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr. 20, 1880</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own shop</u>		11. BIRTHPLACE (City and state or country) <u>Goodhope, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Billie Dewhirst</u>				14. MOTHER'S MAIDEN NAME <u>Mattie Huffman</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Glenn Dewhirst R.1, Ava, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Failure</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 DAYS</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic Heart Disease</u>						DUE TO (b) <u>Arterio-sclerotic Heart Disease</u>	
DUE TO (c) <u>Hypertension</u>						DUE TO (c) <u>444XF</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Fracture interchamberic fracture left femur</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
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.) <u>Fall at home</u>						
20c. TIME OF INJURY Hour <u>9:30</u> Month <u>Nov</u> Day <u>9</u> Year <u>1958</u> a. m. <u>0</u> p. m. <u>0</u>							
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.) <u>Farm</u>		20f. CITY, TOWN, OR LOCATION <u>AVA, DOUGLASS MO</u>		COUNTY <u>DOUGLASS</u> STATE <u>MO</u>	
21. I attended the deceased from <u>Nov 9 1958</u> to <u>Nov 22 1958</u> last saw him alive on <u>Nov 22 1958</u> Death occurred at <u>9:30</u> <u>A. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Daniel L. Yancey M.D.</u>				22b. ADDRESS <u>Springfield, MO</u>		22c. DATE SIGNED <u>Nov 25 1958</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-24-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Goodhope</u>		23d. LOCATION (City, town, or county) (State) <u>Goodhope, Missouri</u>		
24. FUNERAL DIRECTOR <u>Clinkingbeard Funeral Home, Ava, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-28-58</u>		26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lyle G. Blisking*

Licensed Embalmer No. *40*

P. O. Address *Ava,*

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.