

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041035

STATE FILE NUMBER

FILED DEC 10 1958

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 158

300
-57

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BOWLING GREEN 1920
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE CO. HOSPITAL		Length of stay in 1b 6 WEEKS	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) DELBERT LEE WILHOIT			4. DATE OF DEATH Month DEC Day 3 Year 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 29, 1900	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or county) PIKE COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME J. B. WILHOIT		13b. MOTHER'S MAIDEN NAME EVA LEWIS		14. NAME OF HUSBAND OR WIFE ZELMA WILHOIT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT ZELMA WILHOIT, BOWLING GREEN, MO.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture of Abdominal Aortic Aneurysm 5 yrs			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Peptic Ulcer - 3 yrs		
	DUE TO (c) 451X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Peptic Ulcer - 3 yrs			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input 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.) -----		
20c. TIME OF INJURY Hour --- Month, Day, Year ----- a.m. --- p.m. ---			-----		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---		20f. CITY, TOWN, OR LOCATION ---	
21. I attended the deceased from 1953 to 12/3/58 and last saw him alive on 12/2/58		Death occurred at 1:55 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree or title) Chas. H. Hewitt M.D.			22b. ADDRESS Louisiana, Missouri		22c. DATE SIGNED 12-4-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC. 5, 1958		23c. NAME OF CEMETERY OR CREMATORY VANDALIA CEMETARY, VANDALIA MO.	
24. FUNERAL DIRECTOR GRACE BANKHEAD, BOWLING GREEN			25. DATE RECD. BY LOCAL REG. Dec. 5, 1958		26. REGISTRAR'S SIGNATURE Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 8 1 1958

NOV 18 1959

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 *Harold Rinks*

Licensed Embalmer No. *4597*

P. O. Address *Banning, Cal*

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.