

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-004691**

**FILED VS JAN 25 1960 322**

Registration District No. \_\_\_\_\_ Primary Registration District No. 3071 Registrar's No. 21

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Saline</b>	a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Slater</b>	Length of stay in 1b <b>50 yrs.</b>	c. CITY OR TOWN <b>Slater</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>914 N. Central</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>914 N. Central</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED			4. DATE OF DEATH			
First Middle Last <b>JAMES RAY WILHITE</b>			Month Day Year <b>January 21, 1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 2, 1892</b>	9. AGE (last birthday) <b>68</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Dairyman</b>	11. BIRTHPLACE (City and state or country) <b>Gilliam, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Finis Ray Wilhite</b>	13b. MOTHER'S MAIDEN NAME <b>Ora Belle Elder</b>	14. NAME OF HUSBAND OR WIFE <b>Maude Wilhite</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. J. Ray Wilhite, Slater, Mo.</b>
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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:		INTERVAL BETWEEN ONSET AND DEATH <b>1 to 1 1/2 hrs</b> <b>10 to 1 1/2 hrs</b>
IMMEDIATE CAUSE (a)	<b>Cerebral Ischemia</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<b>Myocardial Infarction</b>	
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 COUNTY STATE
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21. I attended the deceased from **9:15 AM** to **1-21-1960** and last saw him alive on **1-21-60**.  
Death occurred at **7:15 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>W. E. ...</b>	22b. ADDRESS <b>Slater Mo</b>	22c. DATE SIGNED <b>1-23-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan. 23, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Slater</b>	23d. LOCATION (City, town, or county) (State) <b>Slater, Missouri</b>
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24. FUNERAL DIRECTOR <b>Haines Funeral Home, Slater, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>1-23-60</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Raymond Brame</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Walter J. Slater

Licensed Embalmer No. 4557

P. O. Address Slater, Missouri

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.