

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 234

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>4048</u>		Registrar's No. <u>48</u>			
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>					
b. CITY OR TOWN <u>Rockport</u>		c. LENGTH OF STAY (in this place) <u>17 yrs</u>		c. CITY OR TOWN <u>Rockport</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>0180</u>					
3. NAME OF DECEASED (Type or Print) <u>CLARA</u>			a. (First)		b. (Middle)		c. (Last) <u>WILHITE</u>		
4. DATE OF DEATH		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>about 1893</u>	
Jan. 30th 1956						9. AGE (in years last birthday) <u>about 62</u>		10. KIND OF BUSINESS OR INDUSTRY _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
13c. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Nathaniel Wilhite</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. _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Nathaniel Wilhite</u>		17. ADDRESS <u>Rockport Mo.</u>		18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 HOURS</u>		II. OTHER SIGNIFICANT CONDITIONS		III. ANTECEDENT CAUSES	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>UNKNOWN CAUSE</u>				DUE TO (c) _____		DUE TO (b) _____	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) _____				DUE TO (b) _____		DUE TO (b) _____	
Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from _____, 19 <u>51</u> , to <u>Jan 30</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 26</u> , 19 <u>56</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Wm J. Shaw, Jr. M.D.</u>		23b. ADDRESS <u>Lee Hospital Fayette, Mo</u>		23c. DATE SIGNED <u>2-4-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 4th 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tipton</u>		24d. LOCATION (City, town, or county) (State) <u>Tipton Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart P. Parker</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 4 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmers</u>		31 <u>31</u>		ADDRESS <u>Columbia, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Stuart D. Parker*

Licensed Embalmer No. *290*

P. O. Address *Columbia*

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.