

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016380  
STATE FILE NUMBER

MAY 15 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1134

300  
1-57  
9  
671  
0

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only). OR TOWN ST Louis Co Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 Peace Haven Nursing Home Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 1359 Burd Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Goldie B Wilhite			4. DATE OF DEATH Month Day Year April 25, 1959		
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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 Oct. 20, 1885	9. AGE (In years last birthday) 73	10. FUNDERS YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Christian Science Practitioner.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) JEFFERSON CITY MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME George N. McKinney.	13b. MOTHER'S MAIDEN NAME Rebecca McCullough.	14. NAME OF HUSBAND OR WIFE Fred J. Wilhite.
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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) NO NONE	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Ralph E. Rakestraw. New York,
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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) <u>Coronary of Arteries.</u>		INTERVAL BETWEEN ONSET AND DEATH 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>157X</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 <u>4/25/59</u> to <u>4/25/59</u> and last saw her alive on <u>4/25/59</u> Death occurred at <u>8:15</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Charles R. Burnside MD</u>	22b. ADDRESS <u>206 W. Argonne Robinson</u>	22c. DATE SIGNED <u>4/25/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	23b. DATE <u>4-27-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CREMATORY</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY Mo.</u>
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24. FUNERAL DIRECTOR <u>C.R. Lupton and Sons 7233 Delmar</u>	25. DATE RECD. BY LOCAL REG. <u>4-27-59</u>	26. REGISTRAR'S SIGNATURE <u>John P. Murphy, MD</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

TA. 1-5708  
9:00 To 12:00 Noon

Country Wise

VS MAY 9 1960

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

*[Handwritten Signature]*  
Signed .....

Licensed Embalmer No.....  
P. O. Address.....

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.