No. 300
10.48

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4283

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4098 Registrar's No. 21

19

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

1. PLACE OF DEATH
a. COUNTY: CASS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BELTON
c. LENGTH OF STAY (in this place): 92 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NO street Address

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CASS 14
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BELTON 0
d. STREET ADDRESS (If rural, give location): NONE 0

3. NAME OF DECEASED (Type or Print)
a. (First): MILTON
b. (Middle): S.
c. (Last): WHITE

4. DATE OF DEATH (Month) (Day) (Year): FEB. 11 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: NOV. 12, 1852
9. AGE (In years last birthday): 96 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RET. FARMER
10b. KIND OF BUSINESS OR INDUSTRY: GEN. FARMING
11. BIRTHPLACE (State or foreign country): CHARLESTOWN, West Virginia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WM ALLEN WHITE
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: CHESTER MEADOR — ADDRESS: BELTON, MO.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardiosis — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): senility
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
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): — — — — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from _____, 1929, to Feb 11, 1949, that I last saw the deceased alive on Feb 10, 1949, and that death occurred at 12:10 P.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R M McKee DOD
23b. ADDRESS: Belton Mo
23c. DATE SIGNED: Feb 13 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/13/49
24c. NAME OF CEMETERY OR CREMATORY: BELTON CEMETERY
24d. LOCATION (City, town, or county) (State): BELTON MISSOURI

DATE REC'D BY LOCAL REG.: Feb. 14 - 1949
REGISTRAR'S SIGNATURE: Laura J. Jones 51 0
25. FUNERAL DIRECTOR'S SIGNATURE: E. K. George & Sons — ADDRESS: BELTON MO.

14

(Licensed Embalmer's Statement on Reverse Side)

APR 25 1950

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.

Signed A. K. George

Signed .....
Student Embalmer

Licensed Embalmer No. 3645

P. O. Address Grandview, Mo

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 this body is not embalmed, fact should be so stated above.