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FILED SEP 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27171**

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

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jasper	
c. LENGTH OF STAY (in this place) 8 hrs.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Bartlett b. (Middle) J. c. (Last) White			4. DATE OF DEATH (Month) (Day) (Year) Sept 5, 1949
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married (Specify)	8. DATE OF BIRTH Aug 29, 1886
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (State or foreign country) Taney Co., Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Leonard S. White		13b. MOTHER'S MAIDEN NAME Martha Range	
14. NAME OF HUSBAND OR WIFE Ova York White			
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. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. B.J. White, Jasper, Mo.		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 14 hours		not known	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <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 <u>Sept. 5, 1949</u> , to <u>Sept. 5, 1949</u> , that I last saw the deceased alive on <u>Sept. 5, 1949</u> and that death occurred at <u>8:35p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles F. Shell M.D.</u>		23b. ADDRESS <u>201 W. 3rd St. Carthage, Mo.</u>	
23c. DATE SIGNED <u>9/6/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Sept 8, 1949	
24c. NAME OF CEMETERY OR CREMATORY Paradise Cemetery		24d. LOCATION (City, town, or county) (State) near Jasper, Mo.	
DATE REC'D BY LOCAL REG. <u>9/8/49</u>		REGISTRAR'S SIGNATURE <u>R. B. Clinton</u> 139	
25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo.		ADDRESS	

Per. N. Ferguson (When Embalmer's Statement on Reverse Side)

RECEIVED 9-12-49
Jasper County Health Office

County File Number 49-8-687

Date Filed 9-13-49

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 Frank W. Kneel

Signed _____
Student Embalmer

Licensed Embalmer No. 4440

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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