

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29015

State File No.

FILED AUG 24 1949

BIRTH NO.		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>307 1/2</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> , b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter, Mo.</u>		c. LENGTH OF STAY (In this place) <u>15 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Life Dexter, Mo</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>William Earl White xxxxx</u>				d. STREET ADDRESS (If rural, give location) <u>303 E. Market</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Earl</u> c. (Last) <u>White</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 7, 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 1, 1871</u>	
9. AGE (In years last birthday) <u>78</u>		10. UNDER 1 YEAR Months <u>7</u> Days <u>6</u>		11. BIRTHPLACE (State or foreign country) <u>Dyer Co. Tenn. /</u>		12. CITIZEN OF WHAT COUNTRY? <u>America US</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Yards</u>		11. BIRTHPLACE (State or foreign country) <u>Dyer Co. Tenn. /</u>		12. CITIZEN OF WHAT COUNTRY? <u>America US</u>	
13a. FATHER'S NAME <u>James White</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mary C. White</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary C. White Dexter, Mo.</u>			
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, asphyxia, 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>Chronic hypertension</u> DUE TO (c) <u>Arterio-sclerosis (Renal disease)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3-5 yrs</u> <u>7201</u> <u>3-5 yrs</u>
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)		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>Jan. 1, 1949</u> , to <u>Aug. 7, 1949</u> , that I last saw the deceased alive on <u>Aug. 6, 1949</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. E. Jenkins</u>				23b. ADDRESS <u>Dexter, Mo.</u>		23c. DATE SIGNED <u>8-10-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8. 9. 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Bethel Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Dexter, Mo. R. 3.</u>	
DATE REC'D BY LOCAL REG. <u>8-12-49</u>		REGISTRAR'S SIGNATURE <u>W. E. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins Funeral Service, Dexter,</u>			

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

103
3

RECEIVED AUG 19 194
District Health Office No. 2
District File Number 849-837
Date Filed _____

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 B. B. Breuninger

Signed _____

Student Embalmer -

Licensed Embalmer No. 420

P. O. Address Dexter 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.