

FILED DEC 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40026

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6241 Registrar's No. 51

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

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> <u>Bretton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>20 yrs.</u>		110	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Mineral Point Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Near Mineral Point</u>	
3. NAME OF DECEASED a. (First) <u>Hallie</u> (Type or Print)		b. (Middle) <u>White</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 22 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 26 1899</u>
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Iron Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Kullack</u>	
13b. MOTHER'S MAIDEN NAME <u>Leta Hardin</u>		14. NAME OF HUSBAND OR WIFE <u>Ben 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 <u>Ben White</u>		ADDRESS <u>Mineral Point 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma of cervix uteri</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chronic cervicitis</u> DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> <u>3 yrs.?</u>		171X	
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 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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug. 2</u> , 1949, to <u>Nov. 22</u> , 1949, that I last saw the deceased alive on <u>Aug. 2</u> , 1949, and that death occurred at <u>10 A. m.</u> , from the causes and on the date stated above.			
23. SIGNATURE <u>Joseph L. Florman</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Potosi, Mo.</u>
23c. DATE SIGNED <u>11-25-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11-24-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pond Creek</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>11/25/49</u>	REGISTRAR'S SIGNATURE <u>Helmut ...</u>	403	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr Luther Sparks Potosi Mo</u>

RECEIVED 11-29-49

Officer No. 4

1149-155

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 .....  
Student Embalmer

Signed Murphy Sparks

Licensed Embalmer No. 4234

P. O. Address West River

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.