

FILED JAN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40105**

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>216</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico,</u>			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1115 West Boulevard</u>				d. STREET ADDRESS (If rural, give location) <u>1115 West Boulevard</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDNA</u>		b. (Middle) <u>OPAL</u>		c. (Last) <u>WHITE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 30 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>Sept 30, 1891</u>	
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>George W. Fisher</u>		13b. MOTHER'S MAIDEN NAME <u>Octavia Hall Winn</u>	
14. NAME OF HUSBAND OR WIFE <u>Gracie White</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Gracie White species mo</u>				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, asthenia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>20 minutes</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension Cordis Venae</u> <u>W. H. H.</u>						10 years	
DUE TO (c) <u>None.</u>						331X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None.</u>							
19a. DATE OF OPERATION <u>None</u>				19b. MAJOR FINDINGS OF OPERATION <u>None</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		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>Sept 1949</u> , to <u>Dec 30, 1949</u> , that I last saw the deceased alive on <u>November, 1949</u> , and that death occurred at <u>8:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Jerry J. O'Brien M.D.</u>				23b. ADDRESS <u>1115 - Monroe Mexico Mo</u>		23c. DATE SIGNED <u>12-31-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 2 1950</u>		REGISTRAR'S SIGNATURE <u>Blanche Neelgo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Arnold</u>		ADDRESS <u>Mexico</u>	

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

JAN 9

RECEIVED

District Health Officer

District File Number 1-50

Date Filed JAN 9 19

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.....

working under my personal supervision.

Signed.....
Student Embalmer

Signed *Clara Arnold Jr*
Student Embalmer No.....

Licensed Embalmer No. 3569

P. O. Address *Mexico 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.