

FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1664

05-60
3

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Adams	
b. CITY (If outside corporate limits, write RURAL and give township) La Belle		c. CITY (If outside corporate limits, write RURAL and give township) Quincy	
c. LENGTH OF STAY (in this place) 2 week		d. STREET ADDRESS (If rural, give location) 438 North 8 th.	

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Ray c. (Last) White			4. DATE OF DEATH (Month) (Day) (Year) Jan. 5, 1950		
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single <input checked="" type="checkbox"/>	
8. DATE OF BIRTH Dec. 13, 1902		9. AGE (In years last birthday) 48		10. IF UNDER 1 YEAR Months Days Hours Min. 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister			10b. KIND OF BUSINESS OR INDUSTRY Garden Denver		
11. BIRTHPLACE (State or foreign country) Worthington Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Benjiman S. White		13b. MOTHER'S MAIDEN NAME Alexandra Winifred		14. NAME OF HUSBAND OR WIFE	
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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. 332-22-224360		17. INFORMANT'S SIGNATURE OR NAME Benjamin White		ADDRESS LaPlata	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH Dec 20.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Mitral Insufficiency to JWS	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4701	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 12/19, 1948, to 1/5, 1950, that I last saw the deceased alive on 1/3, 1950, and that death occurred at 6 P. M., from the causes and on the date stated above.

23a. SIGNATURE H. Hillard M.D.		(Degree or title)		23b. ADDRESS La Belle Mo.		23c. DATE SIGNED 1-8-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/8/50		24c. NAME OF CEMETERY OR CREMATORY Quincy memorial		24d. LOCATION (City, town, or county) (State) Quincy Illinois	
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DATE REC'D BY LOCAL REG. 1-10-50		REGISTRAR'S SIGNATURE P. St. Jennings M.D.		25. FUNERAL DIRECTOR'S SIGNATURE R. Blodgett		ADDRESS La Belle Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 20 1950
District Health Officer No. 10
District File Number 1-50-13
Date Filed JAN 20 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 Myself

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed J. H. [Signature]

Licensed Embalmer No. 4328

P. O. Address Liberty, 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.