

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1368

2-28-50

93

PRIMARY REG. DIST. NO. 5345

Registrar's No. 72

BIRTH NO. _____		REG. DIST. NO. 93		PRIMARY REG. DIST. NO. 5345		Registrar's No. 72	
1. PLACE OF DEATH a. COUNTY Dade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Sac twp.		c. LENGTH OF STAY (If this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Sac twp. 6290			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 mi W of Crisp				d. STREET ADDRESS (If rural, give location) 1/2 mi W of Crisp			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Clark		c. (Last) WHITE		4. DATE OF DEATH (Month) (Day) (Year) Feb 24, 1950	
5. SEX M W		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec 18, 1860	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		9b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Dade Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Elijah White			13b. MOTHER'S MAIDEN NAME Caroline Clark			14. NAME OF HUSBAND OR WIFE Susie 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 ADDRESS Mrs. Bertha Oldham; Crisp, Mo.			
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>Cardiac decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.				INTERVAL BETWEEN ONSET AND DEATH 43.43	
19a. DATE OF OPERATION 2-28-50		19b. MAJOR FINDINGS OF OPERATION				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)		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>2/6</u> , 19 <u>50</u> , to <u>2/25/50</u> , that I last saw the deceased alive on <u>2/13/50</u> , and that death occurred at <u>6:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. R. Cain</u>				23b. ADDRESS <u>Greenfield</u>		23c. DATE SIGNED <u>2/25/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 26, 1950		24c. NAME OF CEMETERY OR CREMATORY Greenfield Cemetery		24d. LOCATION (City, town, or county) (State) Greenfield, Mo.	
DATE REC'D BY LOCAL REG. 2-28-50		REGISTRAR'S SIGNATURE <u>Geo. K. Weir</u> 99		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. C. Canada, Greenfield, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10-48

240

RECEIVED MAR 6 1950

District Health Office No. 6,

District File Number 350-318

Date Filed 3-10-50

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

J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenville, 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.